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002143	18	FOR STATE REGISTRAR	DEPARTM	CERTIFICATE OF D		REG. NO.	4 / 0 0
	1 DE	CEASED NAME FIRST	MIDDLE	LAST		20 DATE OF DEATH MONTH DA	AY YEAR 12h HOLLE
2 24 06		CH PRINT)		DRIDGE		Dec. 22, 1985	12535
ou a s	1.58	(3 - 3 7) 4 5	RAGE TUTT	5. DATE OF BIRTH	746		FUNDER I YEAR IF UNDER 24 HRS
ge 4	0	Male State 5	White	Sept. 22,1	942	43 YRS	DNIHS DAYS HOURS MIN.
å # I	Lave	LINIACE STATE OR PORTION & 76:	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER M	AADDIED []	9 BALTIMORE CITY OR COUNTY	
death	1	W. Va.		WIDOWED DIV	ODGED THE	Frederick Co	MD.
rs ofter	F		NAME OF HOSPITAL, NURSING THE NOTING SUCH FACILITY GIVE STREET A COLUMN TO THE STREET A COL	rial Hosp:	ital	120 USUAL OCCUPATION (17PE OF WORK FOR MOST OF WORKING LIFE) STOCK DPOKET	co.
24 hou	N	LESIDENCE (IF NURSING HOME OR OTHER 135 COUNTY Wash	er institution give residence before 13c CiTy or Town	ADMISSION) 13d INSIDE CI YES		Rt. 2 21758	
1 12 1	14. FA	THER'S NAME			MAIDEN NAM		
A Land)	DAVIS T.	AULDRI	DGE FRANK	I E	WIDDIE	LITTLE
be execu		/AS DECEASED EVER IN U.S. ARMEI ES, NOTH UNKNOWN) (IF YES, GIVE WA				aldridge Jr. Fi	
a physics ompoper emoval		18 CAUSE OF DEATH Enter only o PART I. DEATH WAS CAUSED B IMMEDIATE C		hagic s	choca	61	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
end me e carb on, or ormotici	3	Candistana W	DUE TO, OR AS A CONSEQUE	NCE OF 1 P	when	2 salopael	10 111111111
that the de I by the oti sose remov ol, crematric r ather trau		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A COMSEQUE	NCE OF IN	tore	et,	W Tyling)
requires on signed. Then ple injury, a	ATION	PART 2. OTHER SIGNIFICANT COM	DISON PO 7	EATH BUT NOT RELATED	TO THE TERMI	NAL DISEASE OR CONDITION GIVE	N IN PART 110
The low ion. I hos bee it permit it permit. I now any	CERTIFICAT	190 DATE OF OPERATION 12/2/85	ald Ety	SHAFTON WAS ERFOR	RMED	200 AUTOPSY? 20b. IF YES, IN CERTIFY YES NO YES	WERE FINDINGS USED ING CAUSES OF DEATH?
CIAN: T physici rrificote bl-tronsi rtol Hygi		210. ASCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER)	THE TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR	JURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T I OR PART 2}
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otten otten ter thi s the b ond i	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FA			CITY OR TOWN	COUNTY STATE
or o		22a.1 certify that (I) (this haspital)	attended the deceased fram_	12/99	., 19. 5-5		, that (we) lost
TTEN pital TOR for u		saw the deceased alive on abave, (1) (we) (did) (did nat) v	12/22 19 5	and that in (my)	(aur) apinian d	leath occurred an the date and haur	and fram the causes stated
REC REC spt.		276 SIGNATURE	ew mande arer deam.	DEGREE			22c. DATE SIGNED
AL O AL DI detocl ore Do	9	Nidester OV	told my	P	TTENDING PHYSICIAN	DIRECTOR PHYSICIAN	12/22/85
O HOSPIT TO FUNER should be with the Sit		22d. PHYSICIAN'S NAME (TYPE OR PRI	P. FORIS	22e ADDRESS	w.7	. st. Reder	ide-wel
5 t s s ₹ 4	23a. E	URIAL, CREMATION, REMOVAL 2	3b DATE 23c N	AME OF CEMETERY OR C	REMATORY	23d. LOCATION	
BP		SPECIFY Burial	Dec. 24, 1985	Union Ceme	tery	Burkittsvill	e Fred. Md.
DHMH - 16 60M 7/B4		INERAL DIRECTOR		21760	25a DATE	REC'D BY REGISTRAR 256 REGISTR	AR'S SIGNATURE
(VRA 15, 4)	T	nompson Funera	1 Home Midd:	letown, Md	. DEC	30 1085 Julia Davis	dren Bourlage

STATE OF MARYLAND

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REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

20 DATE OF DEATH

REG. NO

126. KIND OF BUSINESS OR

Bartlett

COUNTY

STATE

DECEASED NAME TYPE OR PRINTS 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX June 5, 1936 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland U.S.A. Frederick County DIVORCED X WIDOWED D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Frederick Frederick Memorial Hospital Disabled USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION 13e STREET ADDRESS / ZIP CODE 462 West South Street 21701 36 COUNTY Maryland Frederick Frederick FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE C1vde Marke 11 Baker, Sr. Edna 17 INFORMANT Mrs. Marie Hebbre 462 W. South Street 166 SOCIAL SECURITY NO. 218-30-7556 Frederick, Md. 21701 No None 18 CAUSE OF DEATH Enter only one cause per line for (a), (b) and PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0). Conditions, if any, which gove rise to immediate couse tot, stating the DUE TO: OR AS A CONSEQUENCE O underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOXX YES [210 ACCIDENT WAS UNDERLYING 21h TIME OF INILIRY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) our) apinion death accurred on the date and hour and from the ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN Dr. Robert L. Kaufmann 804 Toll House Ave., Frederick, Md. 21701 MD 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE ISPECIFY) Burial Dec. 18,1985 Mt. Olivet Cemetery Frederick, Frederick, Md. 24 FUNERAL DIRECTOR Smith, Keeney & Basford Funeral Home 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE A

Marke11

106 East Church St., Frederick, Md. 21701

DHMH - 16 60M 7/84 (VRA 15, 4)

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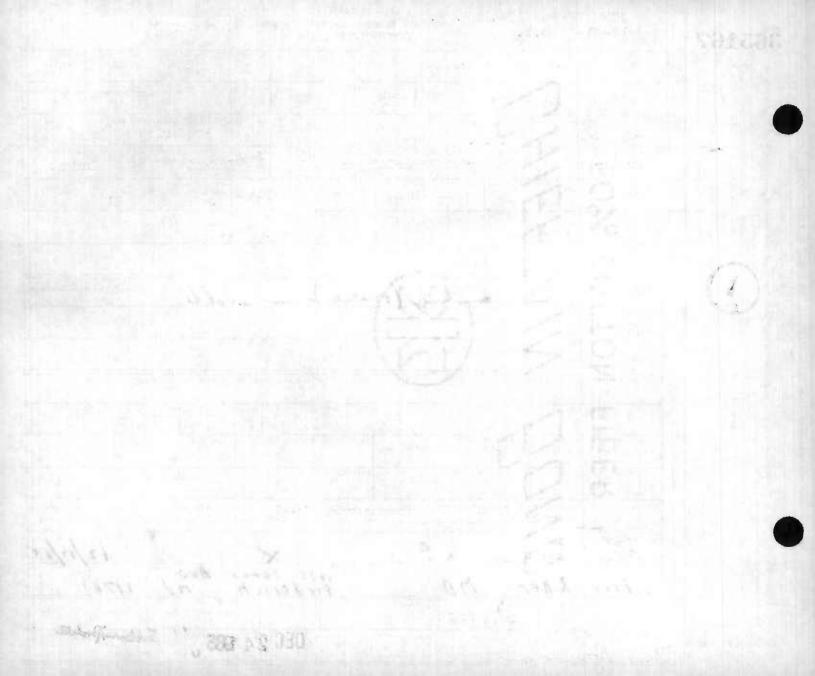
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oy be		CEASED NAME FIRST OR PRINT) Justin	n Lee Biddinger	LAST	20	12-17-85	MONTH DAY Y	26 HOUR 1:55A _M
ge 4 may ector page rs after d	3. SE	Male	4 RACE White	5. DATE OF BIRTH MONTH 12-17-85	YEAR	AGE (IN YEARS LAST BIRTI		YEAR IF UNDER 24 HRS DATS HOURS MIN.
nerol dire		RTHPLACE (STATE OR FOREIGN COUNTRY) Frederick	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MAR	RRIED -X	BALTIMORE CITY OF Fred		TH MD.
s after d by the fu iled with	10 CI	TY OR TOWN OF DEATH Frederick	11. NAME OF HOSPITAL, NURSIN			USUAL OCCUPATION OF WORK FOR MOST OF		IND OF BUSINESS OR ISTRING
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mpletely exomine	14 FA	ATHER'S NAME FIRST Nelson Biddi	middle LAST	15 MOTHER'S MA	57	MIDDLE e Wilhide		LAST
2 1 2 2		VAS DECEASED EVER IN U.S. ARI VES. NO OR UNKNOWN) (IF YES GIVI	MED FORCES? 16b SOCIAL SECU			ADDRES	SS	
squires that the death certific is signed by the attend of the please remove co. and to burial, cremotion, at an injury, or other traumate.	NO	Conditions, if any, which gove rise to immediate couse (o), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	ENCE OF	THE TERMINA	AL DISEASE OR COND	ITION GIVEN IN PA	ART Ito
on. has been to permit in	CERTIFICATION	190 DATE OF OPERATION	198. CONDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO		
ICIAN: Ti g physicia entificate iol-transit intal Hygin		210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH D.	AY YEAR	RY OCCURRED	ENTER NATURE OF INJUR	IN ITEM 18 PART I ORPA	ART 2)
offending of the strain of the	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F	PARM ETC) 211 LOCATION STREET		CITY OR TOV	VN COUM	NTY STATE
spital or STOR: Af far use of far use of Health		22a I certify that (I) (this hospit saw the deceased alive on above, (I) (was) (did no	tol) attended the deceased from 12–17–85	December 17;	1985 or) apinion dec	th occurred on the do	5 19 le and hour and fro	m the causes stated
by the har ERAL DIREC e detached State Dept		226 SIGNATURE	le à 0	PHY	ENDING YSICIAN	MEDICAL STAF		12/17/85
TO HOSPITAL etained by the TO FUNERAL should be det with the State IMPORTANT:		J. Fred heh	Er MD	22e ADDRESS	ederi	ney Ave	d 217	701
BP		SURIAL, CREMATION, REMOVAL SPECIFY)	12 18 85 23c 1	NAME OF CEMETERY OR CREA		23d LOCATION CITY OR TOWN	COUNTY	STATE
DHMH - 16 60M 7/ (VRA 15, 4)	1.2	Man Bown	ADDRESS		DEC.5	4 1985 TRAN	N. P. P. S. P.	Mousing



DIVISION OF VITAL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO. 20 DATE OF DEATH MONTH 2b HOUR 1985 0915 (IN YEARS LAST BIRTHDAY) 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED 12b. KIND OF BUSINESS OR

13e STREET ADDRESS / ZIP CODE

THE CITIZEN OF WHAT COUNTRY

MONTH

CAYYUL

rightful 525 CArrollton

IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last

FOR

REGISTRAR

Jorothy

-DECEASED NAME

- STATE

TYPE OR PRINT

COUNTRY

3 SEX

Neumana DUE TO, OR AS, A CONSEQUENCE OF

DUE TO, OR ASON CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

		0		424	W,	6
19a	DATE	OF	OPE	RATION	1	

196. CONDITION FOR WHICH OPERATION WAS PERFORMED 216. TIME OF INJURY

NO 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [

210. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER NOTIFY MEDICAL EXAMINER)
214 IN ILIPY OCCUPRED

HOUR A.M. MONTH DAY YEAR Te PLACE OF INJURY

AT HOME, STREET FACTORY, OFFICE FARM, ETC.)

211 LOCATION

20a AUTOPSY

WORK L	AT WORK					
saw t	y that (I) (the deceased	alive on _	all attend	ed the	deceased	from
abave	(1) (we) (did	(did not	view the	bady a	fter deoth	

18 CAUSE OF DEATH IEnter only one cause per fine for (a), (b), and PART I. DEATH WAS CAUSED BY:

STREET

26 SIGNATU	aut aut	7	R.	0. [[
AL DUVELCIA	N'S NAME LIVE O	-	7-7-1	- 1

DEGREE ATTENDING

MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (port opinion death accurred on the date and have and from the causes stated

CITY OF TOWN

22c DATE SIGNED

STATE

22e ADDRESS

BURIAL, CREMATION, REMOVAL	23b. DATE	231 NAME OF CEMETERY OR CREMATORY	23d. LOCATION
BUNIA L	12-30-1985	Res/Haven mem	O TITY OR TOWN
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24 FUNERAL DIRECTOR

CERTIFICATION

MEDICAL

250 DATE REC'D. BY REGISTRAR 255 REGISTRAR

DHMH - 16 60M 7/84 (VRA 15, 4)

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BP_____ DHMH - 16 50M 4/83 (VRA 15, 4)

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	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE S To state registrar CERTIFICATE OF DEATH REG. NO.							3 4		
1		CEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR	26. HOUR
	{ (YPE	Pearl	Be	all	BURDE	ETTE	December	8, 1985	5	6:00 RM
	3. SE)	x Female	4. RACE White		5. DATE (6. AGE (IN YEARS LAST BI	YRS.	THS DAYS	# UNDER 24 HRS HOURS MIN.
5	Je Bi	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland		S.A.	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY	erick County of		MD.
C		rederick		HOSPITAL, NURSIN HEACHITY, GIVE STREET DIAN NUTS		Center INSTITUTION	(TYPE OF WORK FOR MOST HOUSEW)		126. KIND O INDUSTRY	PF BUSINESS OR
C	13a S	AL RESIDENCE (IF NURSING HOME OR STATE 136. COUN Aryland Mont	other institution, ITY gomany	GIVE RESIDENCE BEFORE 134. CITY OR TOWN Clarks bu	N	13d. INSIDE CITY LIMITS? YES NO 🔼	13201 Lew:	/ ZIP CODE Lsdale F	ld. 2	0871
	14 FA	ATHER'S NAME FIRST Edward	E.	Watkins		15. MOTHER'S MAIDEN NA/ Cordeli	a B.		inix	
2		WAS DECEASED EVER IN U.S. AR YES, NO OB UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES]	579-07-6		Oscar R. Mul	lican, Cla			
	CATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT (DUE TO, O	rheuret	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN 20b. IF YES, W IN CERTIFYIN	VERE FINDIN	NGS USED
	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	1 110110 1		V VEAD	21c. HOW INJURY OCCURE	YES NO	YES [NO [
	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	P. PLACE	M	19	211 LOCATION STREET	CITY OR T	NWC	COUNTY	STATE
270.1 certify that (1) (this hospital) attended the deceased from 179 2, 19 , to 179 3 saw the deceased alive on 179 3, and that in (my) (early opinion death occurred on the date and ho obove, (1) (we) (early (did not) view the body after death.							lote and hour or		that (47 (we) last couses stoted	
		27b. SIGNATURE	Ti	10(1-)			MEDICAL STA		Dec.	9,1985
		224 PHYSICIAN'S NAME (TYPE O	Pearre,	Jr., M.D		804 Toll Ho		rederic	k, Md	. 21701
		Burial, Cremation, Removal (SPECIFY) Burial	Dec.11			la Methodist	Browning	The second secon	Monte	
	24. FI	weral director	sworth,	P. A. O. Dan	ascus		E REC'D. BY REGISTRAL C 1 1 1985	256. REGISTRAI	R'S SIGNAT	ypindable

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STATE	OF	MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1-	FOR STATE REGISTRAR	DEPARTA		EALTH AND MENTAL HYGI ICATE OF DEATH	REG. N	10.	0 9	
	(TYPE	ORPRINDINAME FIRST	RAY	L/	BURNS	20. DATE OF DEATH	2/16/83	5:50	P
1	3 SEX	MALE	CAV	S. DATE O	5 09	6. AGE (IN YEARS LAST BIR	YRS MONTHS D	AYS HOURS MIN.	_
7	(RIHPLACE ISTATE OR FOREIGN West Virginia	76. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIEI WIDOWE	D DIVORCED	9. BALTIMORE CITY <u>c</u> Frederi	ick County,	MI	
1	F	rederick	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET. Citizens lursing	ADDRESS)		Occupation of the last of the	OF WORKING LIFET INDUS	of BUSINESS OR TRY Lding	
2	13a. S	aryland Fred	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 130. CITY OR TOW Trederi	N I	G	9215 Oak Ti	/ ZIP CODE ree Circle	, 21701	
/	4. F.A	Bailey	Burns LAST		15. MOTHER'S MAIDEN NAM	Elizabe	eth Cop	olen	
		VAS DECEASED EVER IN U.S. AF YES, NO ORUNKNOWN] (IF YES, GI	None 220-10-55		17 INFORMANT Mrs. Ruth Bur	ns, Freder	ak Tree Cir	CCLE 1701 PROXIMATE INTERVAL VEEN DINSET AND DEATH	
		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF	ramboses	e turren	15	years	-
ナ	CERTIFICATION	19a DATE OF OPERATION	CONDITIONS CONTRIBUTING TO D			200 AUTOPSY?	20b. IF YES, WERE FILL CERTIFYING CALL	NDINGS USED	-
MEDICAL CER		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER, NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		19	211. LOCATION	ED (ENTER NATURE OF INJU			
		22a.1 certify that (1) (this hosp	of the deceased from		nd that in (my) (sur) opinion d	to death occurred on the di		, that (11 (***) los the causes stated	
		72d PHYSICIAN'S NAME (TYPE Dr. Bernard O	Thomas, Jr., M.	D.	ATTENDING E PHYSICIAN E Professional	DIRECTOR PHYSIC	CIAN 14	Md. 21701	1

DHMH - 16 50M 4/83

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TO FUNERAL DIRECTOR: should be detoched for with the State Dept. of H

(VRA 15, 4)

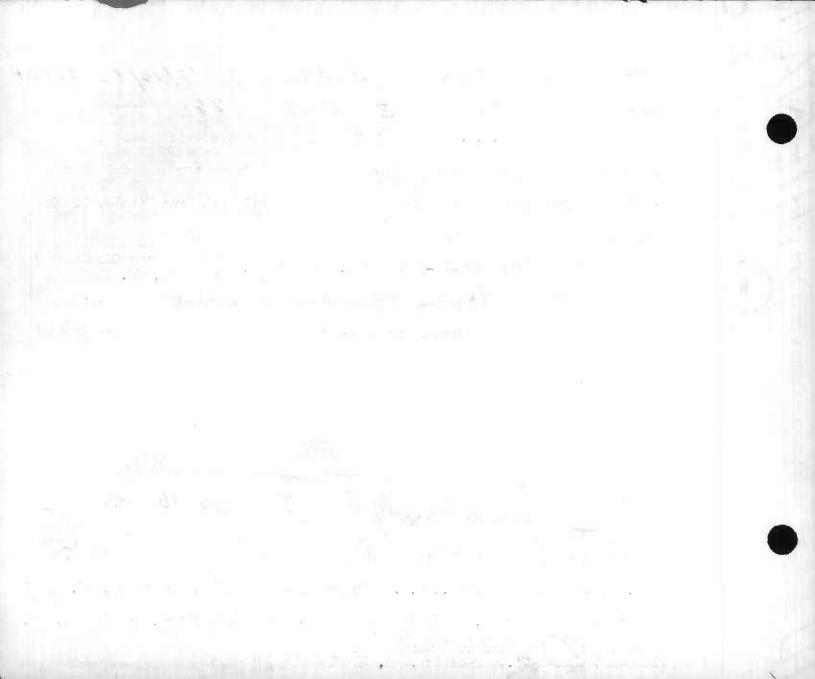
230 BURIAL, CREMATION, REMOVAL ISSECTIVE Cremation Smith, Keeney and

23b. DATE

230 NAME OF CEMETERY OR CREMATORY thshurg Crematory

Smithsburg, Washington, Md.

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



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	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the destruction of executed within 24 hours ofter death. Fage of etained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the or indicative of manipular fund in the third artification should be detached for use as the burial-transit permit. Then please removal among manipular flagar 1 and 2 should be timed—thin 72 hours o with the State Dept. of Health and Mental Hygiene prior to burial, cremofren.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMONE, MARYLAND 21201	1	
V. PRES	the d	TO FUNERAL DIRECTOR: After this certificate has been signed by the or indicashould be detached for use as the buriol-transit permit. Then please removes mitting with the State Dept. of Health and Mental Hygiene prior to buriol, cremofien
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MPORTANT:

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	STATE REGISTRAR			or and	CERTIF	ICATE OF DEATH	REG. N	O.		
	CEASED NAME	FIRST	^	NDDIE	L	AST	20. DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
(ITPE	Har	47	H	dillis	B	urriss		12/6	5/85	10:17 AM
3. SE			4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER TYEAR	IF UNDER 24 HRS
293	lale		Wh	ite	Jan	. 2, ° 1914 **	71	YRS.	ONIHS DAYS	HOURS MIN.
	RTHPLACE (STATE OF FO	OREIGN	76. CITIZEN OF	VHAT COUNTRY?	B AA A DDIE	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY	OF DEATH	
Ma	aryland		U.S	.A.	WIDOWE		Freder	ick Co	unty,	MD.
10. C	ITY OR TOWN OF DEA	TH				DR OTHER INSTITUTION	120. USUAL OCCUPATI			OF BUSINESS OR
	Frederick		Frederi	ck Memor	ial H	ospital	Pamer	OF WORKING HEE	i industry Farmi	ng
3a. S		13b COUR		13c. CITY OR TOW	N	13d INSIDE CITY LIMITS?	13. STREET ADDRESS	zip cobe atrick	St.,	21701
M FA	THER'S NAME					15. MOTHER'S MAIDEN NAM				
	William	1	Henry	Bur:	riss	Annabel	le · MIDDLE		Jo	hnson
	VAS DECEASED EVER			16b SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE		1	64
(YES NO OR UNKNOWN)	None	/E WAR OR DATES)	220-01-	1847	Mrs. Eva Bur	riss, 423 E	ast ra		Street
	18 CAUSE OF DEATH PART I. DEATH W.	AS CAUSE IMMEDIA	ED BY: TE CAUSE (0)	AS A CONSEQUE	2,2	were, for as	livared L.	legy	APPROX	mate interval onset and death
	gove rise to imm couse (o), stating underlying couse	ediote	DUE TO, OF	AS A CONSEQUE	NCE OF)	
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RTIFICAT	190 DATE OF OPERAT	ION (19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING CAUSES	
~								1		

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

NOT WHILE

21b. TIME OF INJURY

21e PLACE OF INJURY

HOUR A.M. MONTH DAY YEAR

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

21f LOCATION

COUNTY CITY OR TOWN STATE

and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated

sow the deceosed alive on obove, (I) (we) (did) (did not) view the body ofter death. 226. SIGNATURE

22a I certify that (I) (this hospital) attended the deceased from

DEGREE ATTENDING

> 22e. ADDRESS 220

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

23a. BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY esthaven Memorial

23d. LOCATION s Frederick,

Frederick.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24. FUNERAL DIRECTOR Keeney and

THE STATE OF THE PARTY OF THE P Success District aprishme. affivers are a sound to will stooiff and are well a and the interest of the state o Suring 12-19-198; Batherde W. Willett, Company, W.d. Cherlen J. Burnier, Jr. , Sycepulle, Na. 1960 g O Sti - Asia Andrew Cherle

FOR - STATE REGISTRAR DECEASED NAME

B CITY OR TOWN OF DEATH

No

(TYPE OR PRINT)

3. SEX

STATE OF MARYLAND DEP

BUTT

5. DATE OF BIRTH MONTH

ARTMENT OF HEALTH AND MENTAL HYGIENE	5	· ·
CERTIFICATE OF DEATH		

TH	REG. N	١٥.				
	20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOL	JR
	December	9.	198	5	3:2	Oa N
	6 AGE (IN YEARS LAST B	RTHDAY)	IF UNDE	RIVEAR	IF UNDER	24 HRS
YEAR 1931	54	, vnc	MONTHS	DAYS	HOURS	MIN.

BALTIMORE CITY OR COUNTY OF DEATH

White November 30. Female. TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. Maryland

Aileen

WIDOWED X DIVORCED [1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

TYPE OF WORK FOR MOST OF WORKING LIFE! Contract Spec.

Frederick County,

126 KIND OF BUSINESS OR Gov't- N.I.H.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Painter

Frederick Memorial Hospital Frederick JOUAL RESIDENCE LIF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 130. STATE 13b COUNTY

Jacque 1vn

4 RACE

Frederick Frederick

13d INSIDE CITY LIMITS? NO X

Catherine

13e.STREET ADDRESS / ZIP CODE 10111-A Putman Road/ 21701

Maryland 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Franklin 60 WAS DECEASED EVER IN U.S. ARMED FORCES? IYES NO OR UNKNOWN HE YES GIVE WAR OR DATES!

PART I. DEATH WAS CAUSED BY

None

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)

Carpenter 166 SOCIAL SECURITY NO. 578-42-9720

Cardine

17 INFORMANT

10111-A Putman Road Ryan Garner Butt, Frederick, Md. 21701

IMMEDIATE CAUSE (a)_ Conditions, if ony, which gove rise to immediate couse loi, stoting the

DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

210	ACCIDENT WAS UNDERLYING	7
		J
OR	CONTRIBUTING CAUSE OF DEA	TH
(1)	EITHER NOTIFY MEDICAL EXAMINER	1)

22d. PHYSICIAIS THAME THE COMMITTEE

190 DATE OF OPERATION

226 SIGNATURE

MEDICAL

21b. TIME OF INJURY

200 AUTOPSY?

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR 211 LOCATION 21e PLACE OF INJURY COUNTY CITY OR TOWN AT HOME STREET, FACTORY OFFICE FARM ETC 1 NOT WHILE

sept. 22a.1 certify that (I) (this hospital) attended the deceased from sow the deceased sive on 2 8 obo (e.ll) (we) (and trail not view the body after death

and that in (my) (our) opinion death accurred an the date and hour and from the causes stated

MEDICAL

22c DATE SIGNED

Dr. P. Gregory Rausch, M.D.

ATTENDING

PHYSICIAN D

4 West Seventh St., Frederick, Md. 21701

DIRECTOR PHYSICIAN

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

231 NAME OF CEMETERY OR CREMATORY

DEGREE

Frederick, Frederick.

DHMH - 16 60M 7/84 (VRA 15, 4)

Keeney & Basford Funeral Home 250 DATE RECD. 106 East Church Street, Frederick, Md. 21701

Dec. 12, 1985 Mount Olivet Cemetery

Jacquelyn Aileen DUT 1920

Penlic muite more ber 1, 1011

argin ... more ber 1, 1011

argin ... more ber 1, 1011

argin ... more ber 1, 1011

Francis Practice opnii i labjici l Contract Sjet. mo't-1.

Francis Practice Reduction Resident Return Acad/21:01

Franklin carperter Contester

Foots one Syl-45-992 yn marner Mits, 1011-4 Printer

Foots one Syl-45-992 yn marner Mits, 1011-4 Printer

 rely filled in by the funeral director 2 should be filed within 72 hours of

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

3	42	1	C.	u

	1 -	STATE REGISTRAR		DET ARTI		ICATE OF DEATH	REG. N	0.		
1		CEASED NAME FIRST	MI	DDIE	L	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
	(TYPE	RuTh	404	150	(line	12-2	7 -	85	0515M
	3 SEX		4 RACE		S. DATE C		6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER : YEAR	IF UNDER 24 HRS
	200	Female	Caucasi		-	gust 11, 1924	61	YRS.	MONTHS DAYS	HOURS MIN.
4		RIHPLACE (STATE OR FOREIGN	U.S.A.	'HAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Frederic		Y OF DEATH	MD.
4		ty or town of death Frederick		OSPITAL, NURSIN FACULTY, GIVE STREET CK MEMO		PROTHER INSTITUTION Hospital	12a USUAL OCCUPATI			None
3	13a S			RESIDENCE BEFORE Treder.		134 INSIDE CITY LIMITS? YES NO 🗌	13e STREET ADDRESS . 10 West 1.			1701
1	14. FA	THER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		LAS	ST.
		Harry	St	roup		Ella	Mae		Pyl	
	(7	VAS DECEASED EVER IN U.S. A		66. SOCIAL SECL		Mr. Wilbur L		0 Wes	t 12th :	
	No	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT	DUE TO, OR	AS A CONSEQUI	ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	COLOL DITION GIVE		0
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDING CAUSES	
7	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER: NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOTIWHE AT WORK AT WORK	P.M.	MONTH D	19	216. HOW INJURY OCCURI 216 LOCATION STREET	RED (ENTER NATURE OF INJU		PART I OR PART 2)	STATE
		22a I certify that (1) (this has	12/27	10	121	nd that in my (our) apinian	to 122 death occurred an the de	ote and hou	19_\$5.	tha (1) (we) last
,		172k SIGNATORE	ment				MEDICAL STA	FF CIAN [220 DATE	30185
		Max WI	nyerd,	M.D.		27 W. 7	th St, F.	rede	vicle, w	0715 CM

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR: should be detoched for with the State Dept. of IMPORTANT: # He

R.E. Dailey & Son, PA

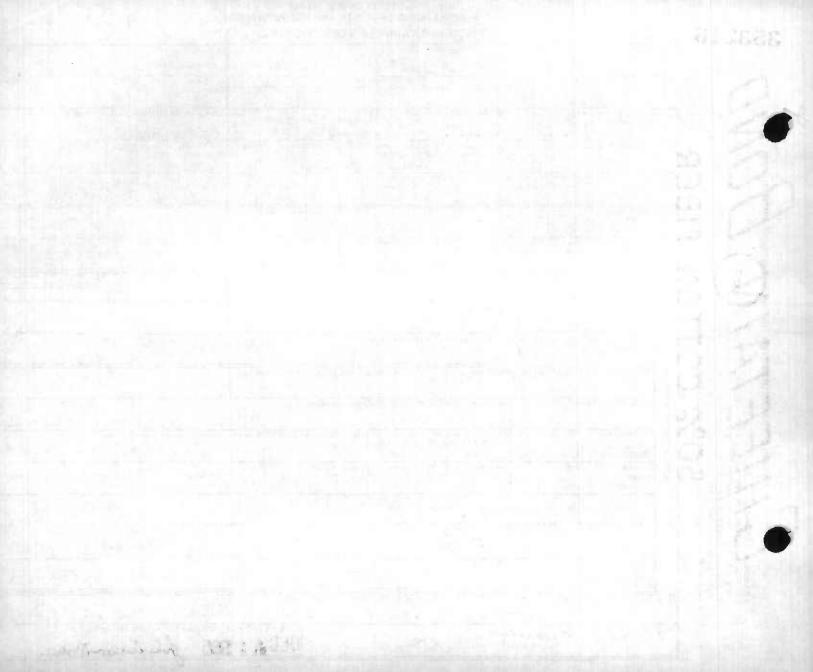
12-30-1985

23c NAME OF CEMETERY OR CREMATORY Reformed Cemetery

Middletown, Frederick, Md.

1201 N. Market St. 250. DATER Frederick, Md. 21701 AN 2

STATE OF MARYLAND



- STATE REGISTRAR

DECEASED NAME (TYPE OR PRINT)

3. SEX

STATE OF MARYLAND

CRAMER

5. DATE OF BIRTH

DEPARTM	ENT OF HE	ALTH AND	MENTAL	HYGIENE	Pin
CRAMER	CERTIFIC	CATE OF	DEATH		

REG. NO					
20. DATE OF DEATH	нтиом	DAY	YEAR	26 HOL	JR
December 3	23,	1985		6:0	OA
6 AGE (IN YEARS LAST BIRTI	HDAY)			IF UNDER	
81		MONTHS	DAYS	HOURS	MIN.

Male	White	Sept.	6, 1904
70. BIRTHPLACE (STATE OR FOREIGN Maryland	76 CITIZEN OF WHAT COUNTRY?	8 MARRIE XX	NEVER MARRIED
Mai y Lane	0.00.00	WIDOWED	DIVORCED

4 RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Frederick

None

18 CAUSE OF DEATH Enter only one cause per fine for (a), (b), and ig

Guy

NEVER MARRIED

15. MOTHER'S MAIDEN NAME

9 BALTIMORE CITY OR COUNTY OF DEATH Frederick County 126 KIND OF BUSINESS ORCO 28 USUAL OCCUPATION

PE OF WORK FOR MOST OF WORKING LIFE

IS CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Frederick "Memorral" Hospital Frederick

Superintendent Braddock Water 7241 Ridge Rd., 21714

Maryland 14 FATHER'S NAME

No

CERTIFICATION

MEDICAL

George

MIDDLE

Joseph

Cramer 166 SOCIAL SECURITY NO 215-18-1447A

Braddock Hts.

Margaret Zimmerman 17 INFORMANT Mrs. Martha Cramer 7241 Ridge Rd. Braddock Heights, Md. 21714

IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (a), stating the

In WAS DECEASED EVER IN U.S. ARMED FORCES

PART I. DEATH WAS CAUSED BY

DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF

underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

20a AUTOPSY?

ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY	Υ

21e. PLACE OF INJURY

(AT HOME STREET, FACTORY OFFICE FARM, ETC.)

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) EAR

211 LOCATION

COUNTR STATE

206, IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH?

YES T

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

saw the deceased alive on above, (I) (we) (did) (did not) view II e body after death 226 SIGNATURE

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22c. DATE SIGNED Dec. 23, 1985

22d. PHYSICIAN'S NAME (TYPE OF PRINT) Dr. A. Austin Pearre. Jr. 22e ADDRESS

804 Toll House Ave., Frederick, Md. 21701

and that in (my pear) opinion death accurred on the date and hour and from the causes stated

NON

CITY OF TOW

238 BURIAL CREMATION, REMOVAL (SPECIFY) Cremation

236 NAME OF CEMETERY OR CREMATORY Dec. 24, 1985 Smithsburg Cramatory

DEGREE

Smithsburg, Washington, Md.

DHMH - 16 60M 7/84

24 FUNERAL DISMPth, Keeney & Basford Funeral Home 106 East Church St., Frederick, Md. 21701

220.1 certify that (1) (this hospital) attended the deceased from

(VRA 15, 4)

BP

A 00:0 2.				alimetropic	A.L.	
	187	4061 40	.5000	92 (11)		
10	00° 125 120 120		An english	30.30		
SALE ROOMS	Insurate Labers		and fisher			
21112	, a span for		. die The			
no is at		100.00	12.0			
			ASSAN - 8	213-3	Signe	

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The state of the same

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ŀ	REGISTRAR			CERTIF	FICATE OF DEATH	REG. NO	o .			
	DECEASED NAME FIRST	EARL		DAILEY, SR.		Dec. 21, 1985		10.11001		
L	ROBERT									
P	SEX 4 RACE		5 DATE O			6. AGE (IN YEARS LAST BIR	THOAY) IF UN	HS DATS	IF UNDER 24 HRS	
L	Male	Caucasi	an	Janua	ary 30, 1904	81	YRS.			
70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? USA		MARRIED X NEVER MARRIED WIDOWED DIVORCED		P BALTIMORE CITY OR COUNTY OF DEATH Frederick,				
	West Virginia								MD.	
	CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATI		2b. KIND O NDUSTRY	F BUSINESS OR	
ŀ	Frederick			et Street			TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Tuneral Director Funeral Ho			
	SUAL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)						
	100.000	derick	Frederic		13d INSIDE CITY LIMITS?	13e STREET ADDRESS		· S+	21701	
-	FATHER'S NAME	4011071	122002220	-312	15 MOTHER'S MAIDEN NA		Harnet	DC.	21/01	
	Robert Ros	MIDDLE SSET	Dailey		Ruth	Ann		Earle		
16	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (YES, GIVE WAR OR DATES)		166 SOCIAL SECURITY NO.		17 INFORMANT	AP 24	North	Mark	ket St.	
Ī			212-38-9366		Mrs. Margaret	et E. Dailey Frederick,			Md. 2170	
	18 CAUSE OF DEATH IEnter only one couse per line for [0], (b), and ic PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse [0], stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0									
1 9	190 DATE OF OPERATION 190 CONDI		Mrs	OBERATIO	ON WAS PERFORMED	20g AUTOPSY? 20b. IF YES,		, WERE FINDINGS USED		
	196. CONDS		TION FOR WHICH	OPERATIC	ON WAS PERFORMED	IN CERTIFY		ING CAUSES OF DEATH?		
Į,	19a. DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING	7) 21) 71445 6	NE IN LILIDAY		131. HOW INTURY OCCUR	YES NO	YES [NO 🗌	
MEDICAL	OR CONTRIBUTION TO CAUSE OF OF	HOUR A.M. MONTH DAY YEAR								
	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	71e PLACE OF INJURY 211 LOCATION						COUNTY	STATE	
	22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on Deceased 19 so and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not view the body after death.									
	276 SIGNATURE Showing & Long				DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA			22€ DATE SIGNED Jan/21/1985		
1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS					
	Thomas E. Sto	ne, M.D			4 West Thir	d Street F	rederich	k, Md	. 21701	
20	- BUDIAL CREMATION REMOVAL	THE PLANE	122. 6	LAME OF C	CALETERN OR CREW TORK	Total LOCATION				

TO FUNERAL DIRECTOR. should be detoched for with the State Dept of I IMPORTANT

os the buriol-tronsit per

DHMH - 16 60M 7/B4 (VRA 15, 4)

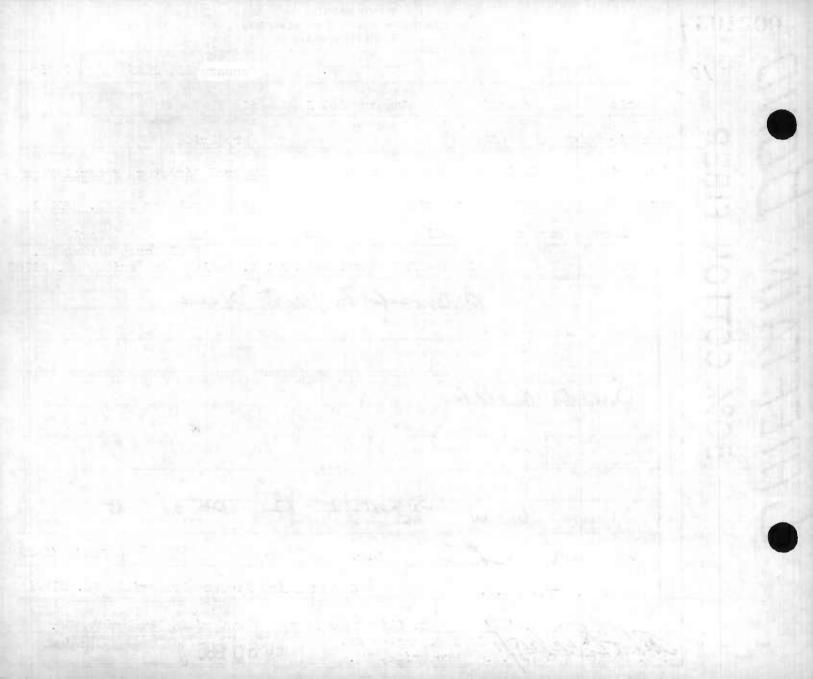
Dailey & Son VP.A.

Frederick, Md.

Mt. Olivet Cemetery Frederick, Frederick, Ma.

Volume 1250 Date REC'D. BY REGISTRAR 250 REGISTRAR 25

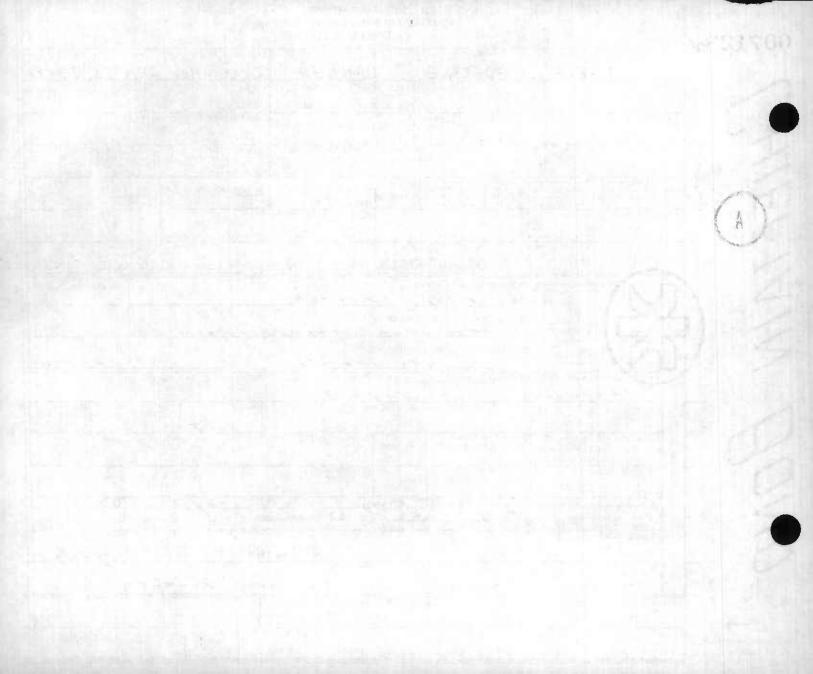
1201 Narket St.



Opossumtown Pike, Frederick, MD

(VRA 15, 4)

STATE OF MARYLAND



345163

- STATE

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REGISTRAR REG NO. 20 DATE OF DEATH LAST MONTH DECEASED NAME FIRST TYPE OR PRINTI 1985 NELLIE CHRISTINE EAGLE Dec. 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3 SEX IF UNDER 24 MRS Female White Oct. 10, 1921 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE I STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY Frederick Co. Md. WIDOWED DIVORCED [CITY OR TOWN OF DEATH 12h KIND OF BUSINESS OR INDUSTRY Frederick Frederick Memorial Hospital housewife own home 13a STATE 13b COUNTY 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Knoxville 662 Jefferson Pike 21756 Fred. Md. NO IX 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE GANT ADDRESS 17 INFORMANT 16n WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES, NO TO KNOWN) (IF YES, GIVE WAR OR DATES) Harvey Eagle Knoxville, Md.21758 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)
PART I. DEATH WAS CAUSED BY: つて erebra IMMEDIATE CAUSE (D) Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIE CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [716 ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21t HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 71d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET FACTORY, OFFICE FARM, ETC) WHILE NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on_ _____, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above, (1) (we (idid) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING Y MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 77e ADDRESS 230 BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY St. Mark's Cemetery Petersville

DHMH - 16 60M 7/84 (VRA 15, 4)

State

d b

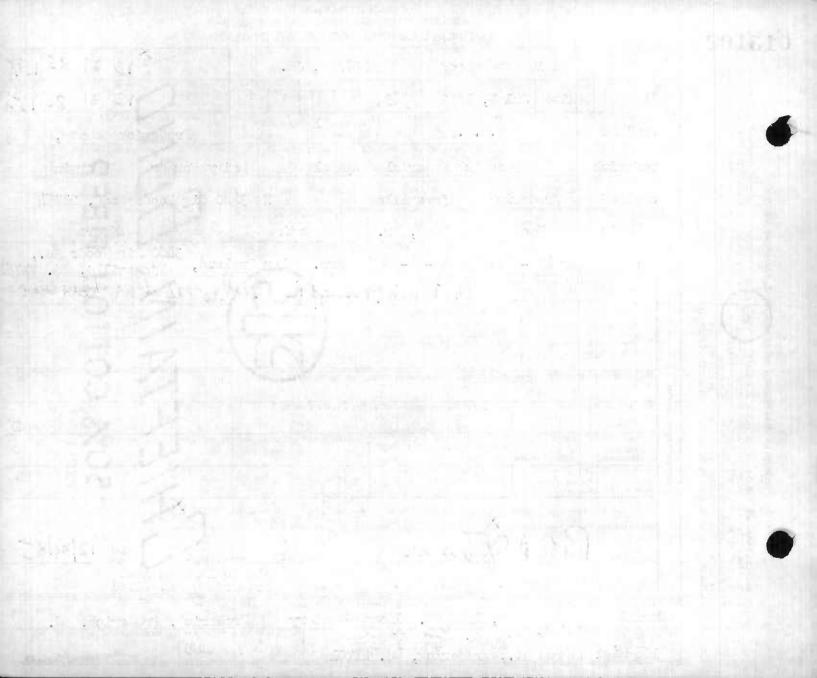
24 FUNERAL DIRECTOR Thompson Funeral Home

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

TITE TO THE TANK THE TENT OF T The feet of the state of the st .es estrates and a large about myor - attraction | Laft not Introduct Falmshore | Calmater's No. To the Constitution of PAGE STATE OF STATE OF STATE Cidera of Maryer Lante Cheryllie, Nd. 21750

There are Francisch State 15 than 10 than 10 the 10

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 013102 REGISTRAR REG. NO L DECEASED NAME 20. DATE KNOWN A MONTH (TYPE OR PRINT) OF ESTI-ENGLAND, JR. Edwin Hood 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IE UNDER 24 HRS DATE PRONOUNCED White DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR MARRIED TENEVER MARRIED Tary Land U.S.A. Frederick County. DIVORCED WIDOWED [ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120, USUAL OCCUPATION (TYPE OF WORK 112b, KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS)
Frede ick Memorial Hospital Dairy Farmer Farming rederick SUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13b COUNTY 13c. CITY OR TOWN 3460 Big Woods Road. 21754 laryland Frederick Ijamsville NO A FATHER'S NAME 15. MOTHER'S MAIDEN NAME Ruth ERST P England, Sr. Myers Hood 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Big Woods Rd.. (IF YES, GIVE WAR OR DATES) - Dec 15 213-24-9505 Mar 45 irs. Helen England. 18 CAUSE OF DEATH (Enter only one cause per line PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 7D AUTOPSY? YES [NO X 21a EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 210 PLACE OF INJURY (AT HOME, 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: P.
AEIER DEATH, WITH THE ST.
BALTIMORE, MARYLAND, 2 220 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian Hamicide Undetermined manner death resulted fram Natural causes TITLE (SPECIFY) 12/31/85 Deputy SKINATURE MEDICAL EXAMINER 812 Toll House Ave. EXAMINER'S NAME Robert J. Thomas, M.D. Frederick, Md. 21701 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION Burial Mt. Olivet Cemetery Frederick, Frederick, 07/B4 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 JAN (VR A15 ME (5)) ine Davidson



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGIS	TRAR			CERTIF	ICATE OF DEATH	REG. NO	D.			
I. DECEASED NAME (TYPE OR PRINT) WILBUR					ZLER	20. DATE OF DEATH MONTH 12/08/8			3:30PM	
3. SEX MAI		4 RACE WHITE			F BIRTH 4/18/1/3	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
MAR)	CE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED WIDOWEI			NEVER MARRIED DIVORCED	FREDERICK		OF DEATH MD.		
FREDE			HOSPITAL, NURSIN ICKIYMEMOR		OR OTHER INSTITUTION	ROAD WORKER ORKING LIFE) 12% KINI			HGWY.	
MD TATE	DENCE (IF NURSING HOME OR	OTHER INSTITUTION ERICK	GIVE RESIDENCE BEFORE		YES NO	1202 SECOND	ZST-CODE		21798	
14 FATHER'S CHA	ARLES T. ETZ	LER	(AST		ROS'AT WELT			LAS	.7	
	CEASED EVER IN U.S. ARA	MED FORCES? E WAR OR DATES)	219-12-1		S. LOUISE ET	ETZLER 202 SECON			ND ST.	
gove	IMMEDIAT itions, if any, which rise to immediate (a), stating the lying cause last) (b)_	RASA CONSEQUENCE OF				Jeals -			
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
CERTIFICATION 130 DA 210 AC	190 DATE OF OPERATION 196, CONDITION FOR V			OPERATIO	n was performed	200 AUTOPSY? YES NO	IN CERTIFYI	IB. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\sum \text{NO} \)		
00.000	CIDENT WAS UNDERLYING THE NOTIFY MEDICAL EXAMINER	IH		Y YEAR	21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2)					
WHILE AT WORL	JURY OCCURRED NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)			211. LOCATION STREET	CITY OR TO	wN	COUNTY STATE		
so	22a. I certify that (1) (this hospital) attended the deceased from 1785, 19, to 17785, 19 that (1) we) lost sow the deceased alive an 1516 ws 1785, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death.									
Ra	but 4	delne	an		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI		22c. DATE	SIGNED 7/85	
22d. PH	YSICIAN'S NAME (TYPE OF	E Sol	100 0 0		22e ADDRESS	an Room	PM-	4.		

23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

D. HARTZLER

230 BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

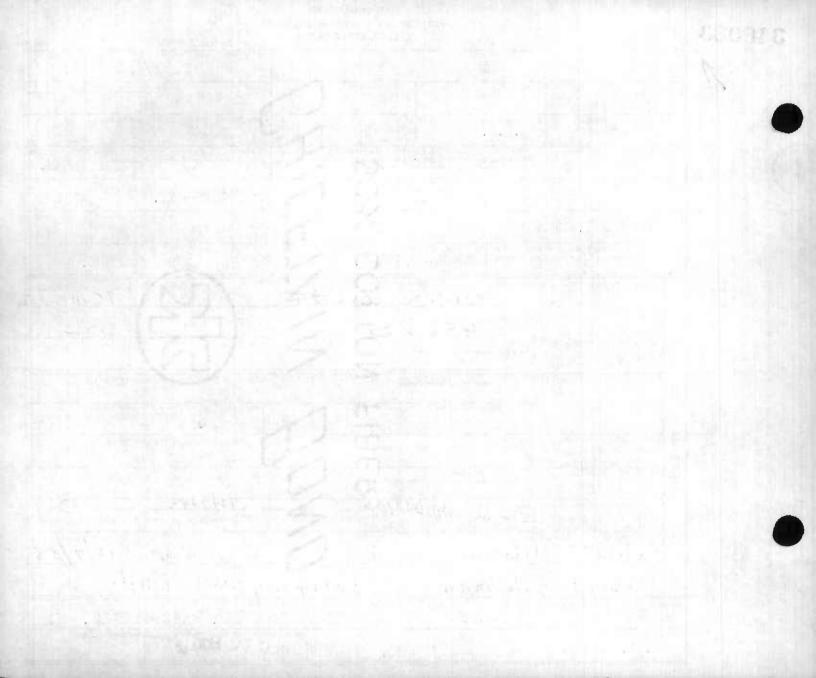
WOODSBORO, MD

23b. DATE

12/11/85

ATORY R3d. LOCATION
ERY NR. WOODSBORO FRED. MD"

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR USES NATURES AND THE COLOR OF ROCKY HILL CEMETERY



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 [- STATE REGISTRAR				CERTIFI	CATE OF DE	ATH	RE	G. NO.			
. 10	ECEASED NAMI	FIRST		SHER		AST E	EYLER	20. DATE OF DEA	121	121/8.	5 12	
3. S	MAL		RACE	WHITE	5. DATE O		8707	AGE (IN YEARS LA	(ST BIRTHOAY)	S DO DE LE		DER 24 HRS. S MIN.
7a. BIRTHPLACE LETATE OR PORTION COUNMARYLAND 10. CITY OR TOWN OF DEATH WOODS BORO				U.S.A.	MARRIED WIDOWEI		DIVORCED D					MD.
			11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORLD CLUB INDUSTRY PRESSER)								NESS OR	
5 US	MD ^E	(IF NURSING HOME OR C 13b, COUN	FREDER			BAR ODE CITY	LIMITSZES	3e STREET ADDR	ESS / ZIP CO	06 N.	SECO	ND S
10	FATHER'S NAME E'A' R	L EYLER	DDLE	LAST		15 MOTHER'S A		ZELDA MID	BRAND	ENBURG	LAST	
160	WAS DECEASE	D EVER IN U.S. ARM	NED FORCES?	166 SOCIAL SECU		17 INFORMAN		TY F.	DDRESS EYLER			15 St.
	Canditions,	FDEATH (Enter anly EATH WAS CAUSED IMMEDIATE if ony, which to immediate stating the cause last.	DUE TO, OR	AS A CONSEQUE	ence of	lerotu	Ane Hear	of Des	reare	3	PROXIMATE IN VEEN ONSET IN	run
NO		er significant co	ONDITIONS <u>CO</u>	ntributing to (DEATH BUT	NOT RELATED TO	O THE TERMIN	NAL DISEASE OR	CONDITION	GIVEN IN PAR	RT IIo	
CERTIFICATION	19a DATE OF	OPERATION	196 CONDIT	ION FOR WHICH	OPERATION	WAS PERFORA	AED	YES NO	IN CE	YES, WERE FI RTIFYING CAL YES		ATH?
£		ING CAUSE OF DEAT	21b. TIME OF HOUR A.M	A. MONTH DA	AY YEAR	21c. HOW INJU	RY OCCURRE	D (ENTER NATURE O	F INJURY IN 11EM	18 PART I OR PAR	T 2)	
MEDICAL	21d. INJURY C		21e. PLACE O	OF INJURY ET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION		СПА	ORTOWN	COUNT	Υ	STATE
	saw the	that (1) this haspite deceased alive en)(we) (did (did nat	Nov.	22 198	The same	denat in my (a	19 76e ur) opinian de	, to, to on t	he date and	have ond from)we) last stated
	22b. SIGNAT		Ide	L	W	DEGREE ATT	ENDING YSICIAN	MEDICAL DIRECTOR PH	STAFF HYSICIAN []	22c. D	ATE SIGNE	1
7	22d. PHYSICIA	AN'S MAME (TYPE OR	PRINI)			22e ADDRESS	1.	2		m	J	

234 NAME OF CEMETERY OR CREMATORY

TO FUNERAL DIRECTOR: 230 BURIAL, CREMATION, REMOVAL BURIAL

24 FUNERAL DIRECTOR "D. D. HARTZLER

ADDRESS

12/24/85

236 DATE

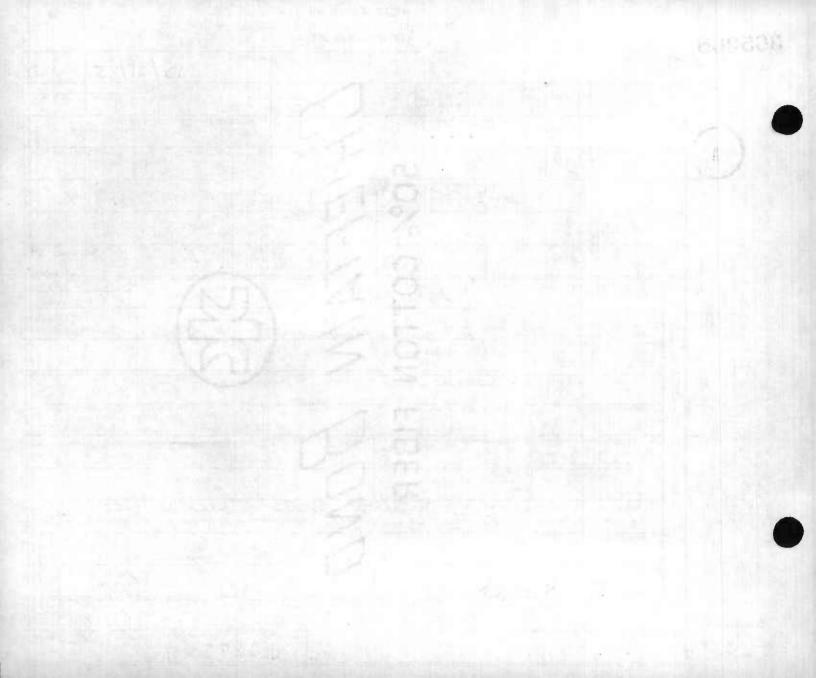
CENETERY MT. HOPE

WOODSBORO

FI

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE MDUEC 27 1985 WOODSBORO.

DHMH - 16 60M 7/B4 (VRA 15, 4)



(VRA 15, 4)

365089	6	1 -	FOR STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. MIDDLE LAST 120 DATE OF DEATH MONTH DAY YEAR 126 HOUR							
		1. DEC	EASED NAME FIRST		MIDDLE LAST				1	AY YEAR	26 HOUR	
by be oge 3 death		(TTPE	ELEANOR			FI	LLER		12/2	3 85	12 nom	
шоу		3 SE>		4 RACE		5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR		ONTHS DAYS	HOURS MIN	
ge 4	1	F	EMALE	WH	WHITE 04 26 04			81				
8 G	XX		RTHPLACE (STATE OR FOREIGN	76 CITIZEN	OF WHAT COUNTR	Y? 8 MARRI	D NEVER MARRIED	9 BALTIMORE CITY	DR COUNTY	OF DEATH		
de o de o	1		md	US		WIDOW		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		1	MD.	
ofter of the f	P)/		1kersville		OF HOSPITAL, NUR IN SUCH FACILITY, GIVE STR		OR OTHER INSTITUTION	120 USUAL OCCUPAT	OF WORKING LIFE) INDUSTRY	F BUSINESS OR	
201 Lis of	9				ain St.			retired-	inspe		clothing	
1 hours	21	13a S	L RESIDENCE (IF NURSING HON TATE 136 CO	DUNTY	13c. CITY OR TO	DWN					21793	
IAN in 2,	rland 24 h	14 5 4	MD FI	REDERI	CK WALKE	RSVII	15. MOTHER'S MAIDEN	31 Main	St.	Walke	rsville	
TIMORE, MARY be executed with on and camplete on the	2	FIRST	MIDDLE	LAST		FIRST	MIDDLE		D 3 M CO TO	ST C		
		DWARD VAS DECEASED EVER IN U.S.	E.	ZIMMER		GERTRUD			RAMSB			
	()	ES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DAT	ES)					rsvil	re, MD		
			V/A		8-143	ф наггу E	. Filler 3	1 Mai	APPROX	IMATE INTERVAL ONSET AND DEATH		
, 8AL froste paper	d ST., BAL certificate ing physici rbonpaper r remavol. ic event, th		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	USED BY:	a) Cardiac	annest				BEIWEEN	UNSET AND DEATH	
RESTON ST. e deoth certif move cohon totion, or ren traumotic eve		IWWE							1	. /		
		Conditions, if any, which		O, OR AS A CONSE	CCL	HE .			6W	eeks		
the deot	er tro		gove rise to immediate		O. OR AS A CONSE	DUENCE OF			17/00			
that that d by it	t d		underlying cause last		c)							
DS, 20 quires a signed signed hen ple	· ×	Z	PART 2 OTHER SIGNIFICAL	NT CONDITIO	NS CONTRIBUTING	O DEATH BU	T NOT RELATED TO THE TE	RMINAL DISEASE OR COM	IDITION GIVI	EN IN PART 1	0	
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The law requir cattending physicion. dier this certificate has been sign os the burdat-rosit permit. Then hand Meanal Humane criticals	17	CERTIFICATION	19a. DATE OF OPERATION	19b C	ONDITION FOR WH	CH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDI	OF DEATH?	
TAL The Ictor		ERT	21g. ACCIDENT WAS UNDERLYING	21h T	ME OF INJURY		121c HOW INJURY OCC	YES NO ₩		S OR PART 2)	NO 🗌	
4 OF VITA SICIAN: The physicic certificate	18		OR CONTRIBUTING CAUSE O	F DEATH HOL	IR A.M. MONTH			,		,		
SION OF VITAL PHYSICIAN: The ending physicio this certificate h burd-tronsit h Amend Horine	or Item	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAM		P.M. ACE OF INJURY	19	211 LOCATION					
/ISION OF VITAL PHYSICIAN: The itending physicion or this certificate h the burdistronsist and Manual Hazine and Annual Hazine and Annual Hazine and Annual Hazine and and and and and and and and	cedo	ME	WHILE NOT WHILE D	(AT HC	ME, STREET, FACTORY, OFFI	CE, FARM, EYC.)	STREET	CITY OR TO	IWN	COUNTY	STATE	
DING o o o	morked		220 I certify that (I) (this h	ospital) attend	led the deceased fra	m_ 17	24 19 86	to D	123	19 85	that (1) (we) last	
DIVI R ATTENDING hospital or off RECTOR, After wed for use as if ppt, of Health o			sow the deceased alive abave, (1) (see) (did) (de	on 12	112	12	and that in (my) (por) opini	an death accurred an the	date and hou	r and fram the	causes stated	
R A I hosp			22b. SIGNATURE	- O .	bady after death.		DEGREE			22c. DATE	SIGNED	
by the hose ERAL DIREC	<u>+</u>		James ?	. Ston	n.k.		M D ATTENDING	MEDICAL STA	CIAN [12/2	3185	
TO HOSPITAL recoined by the should be deter	MPORTANT		JAMES E		R. OR		19 FAF DENIC	(ST. WALKER	SUILLE	Md.41	793	
TO H	W -	23- 5	URIAL CREMATION, REMO		,	NAME OF	CEMETERY OR CREMATOR	W 224 LOCATION				
ВР		(SPECIFY)				Chape1	Tibert	vtown	Fred	erick ^{MD}	
DHMH - 16 60M 1/	75		BURTAL JNERAL DIRECTOR G.	DOUGL		FER	250.	DATE REC'D. BY REGISTRAL	256 REGIST	RAR'S SIGNAT	URE	
(VR A 15 (4))	73		21 Opossumt				k, MD 21701	3 2 7 1985		10 201 0 - West		



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

FOR

	SIA	10 31	MAKT	LAND	- 63
EPARTMEN	T OF	HEAL	TH AND	MENTAL	HYGIENE
C	ERT	IFICA	TE OF	DEATH	

1.	- STATE REGISTRAR				CERTIF	FICATE OF DEATH	REG. N	0.			
	CEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY	YEAR	2b HOUR
(ITP)	Me	elvin	Woo	odrow	FIN	NEYFROCK	Decem	ber	28,	1985	9:00A M
3. SE	REGISTRAR CERTIFICATE OF DEATH ANDRE ASSED NAME FIRST Melvin Melvin Modrow FINNEYFROCK 1. DATE OF BIRTH MOV. 12, 1917 6. AGE MA1e White NOV. 12, 1917 6. AGE Whove 13, NAME Frederick Final Is CAUSE OF DEATH LENIEr only one couse per line for the final Final BLANCAL DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10) DUE 10, OR AS A CONSEQUENCE OF (c) Whove 12, 1917 17. INFOMAST 17. INFOMAST Sandra 18. CAUSE OF DEATH LENIEr only one couse per line for the final PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10) DUE 10, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DI PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DI PART 2. AGE PART 2. AGE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DI PART 2. AGE PART 3. AGE PART 3. AGE PART 3. AGE PART 3. AGE PART 4. AGE PART 4. AGE PART 4. AGE PART 5. AGE PART 5. AGE PART 6. AGE PART 6. AGE PART 6.	6 AGE (IN YEARS LAST BI	THDAY		IDER I YEAR	IF UNDER 24 HRS					
	Ma1e	Melvin Woodrow 4 RACE Male LACE (STATE OR FOREIGN AV) Bryland To CITIZEN OF WHAT COUNTR White 10.S.A. 11. NAME OF HOSPITAL, NUR (FORTIN SUCH FACILITY, GIVE SIR 6001 Pleasan SIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEF 13b. COUNTY 13c. CITY OR TO Frederick Freder FRST MIDDLE LAST		te			68	YR:	MONTE	DAYS	HOURS MIN.
		FOREIGN	76 CITIZEN OF	CITIZEN OF WHAT COUNTRY?			9 BALTIMORE CITY	R COUN	NTY OF I	DEATH	
	Fa ryland	9F 13	U.S.A	1 6 4			Freder	ick	Coun	ity	MD
	Frederick 60			H FACILITY, GIVE STREET	ADDRESS)		120 USUAL OCCUPATION 12b. KIND OF BUSINES NOT THE NAME OF WORK FOR MOST OF WORKING LIFE! INDUSTRY. Maintenance National Geogra				
13a	AL RESIDENCE OF NURS STATE aryland	136 COUN	ITY	13c. CITY OR TOW	N	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 6001 Ple			ive	21701
14. F.					ock.	FIRST	MIDDLE	1	Fr	eed	T.
	(YES NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES							ling	ame Way
		AS CAUSE	Ď BY:	myo C	and	lial Infas	etin			BETWEEN	MATE INTERVAL ONSET AND DEATH
	gove rise to imi	mediote ng the	(b)	Car	ona	ny arleny c	lisease			50	jears
Z	PART 2 OTHER SIGN	NIFICANT C		ONTRIBUTING TO E	EATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION	GIVEN II	N PART 10	0
CERTIFICATION	190 DATE OF OPERA	TION	19b COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?				NGS USED
TIFIC	1000						YES NO	IN CEI	YES [G CAUSES 	OF DEATH?
	OR CONTRIBUTING	CAUSE OF DE A	TH HOUR A.	M. MONTH DA			RED (ENTER NATURE OF INJU	IRY IN ITEM	IS PART I	OR PART 2)	
MEDICAL	WHILE NOT WE	HILE			ARM ETC }		CITY OR TO)WN	(COUNTY	STATE
	220 I certify that (I)	(this hospit	ral) ottended th	e deceased from_	aua	19.70)cc	19_4	83	That (I) (we) lost

sow the deceased alive on above, (I) (we) (did)

23a BURIAL, CREMATION, REMOVAL Cremation

226 SIGNATI

DEGREE

ATTENDING PHYSICIAN

MEDICAL STAFF
DIRECTOR PHYSICIAN

ond that in (my) (our) apinion death occurred an the date and hour and fram the causes stated

Dr. J. R. Poirier

186 Thomas Johnson Dr., Frederick, Md. 21701 231. NAME OF CEMETERY OR CREMATORY

Dec. 30, 1985 Smithsburg Crematory Smithsburg, Washington, Md.

106 East Church St., Frederick, Md. 21701

DHMH - 16 60M 7/84 (VRA 15, 4)

continuation workers nivies

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TOR DESIGN TO SEE A COMPANY

Harviand L.S.A.

Provide every request 1000 X a transfer of troops of lyant

Cur. 3. . Dering July Spain Johnson 2., Receipted, Marie Street

Jest Christ St., remery danger dame Long Land

Least lines lines rock, dr. bond rand land land

400:0 2001 . Washington

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Tr. Sendra Child 19560 miller way

Ayles .s. , sugestelying

347066

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEND

RE	EGISTRAR				CERTIF	ICATE OF DEATH	REC	. NO.			
	DECEASED NAME FIRST MIDDLE (PE OR PRINT)				l	AST	20 DATE OF DEAT	H MONTH	DAY YEAR	2b. HOUR	
,,,,,,		TCHARD	AU	ISTIN	FOG.	LE	December	4, 19	85	8:20	PM
3. SEX		4.	RACE		5. DATE C	, i b	6 AGE (IN YEARS LAS	T BIRTHDAY)	MONTHS DAYS	IF UNDER 24	4 HRS
	Male	(Caucasi	an		mber 25, 1913	71	YRS		HOURS	MIN.
	PLACE (STATE OR F	FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8 AAADDIE	D X NEVER MARRIED	9 BALTIMORE CIT	Y OR COUN	ITY OF DEATH		
	aryland		USA	1	WIDOWE		Frederick, MD.				
	ORTOWN OF DEA ederick	ATH 11		HOSPITAL, NURSIN HEACHITY, GIVE STREET RITVIEW A		DR OTHER INSTITUTION	120 USUAL OCCUPATION 120 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Ret/Brush Co. Emp. None				
13a STA	RESIDENCE (IF NURS TE Yland	13b COUNTY Frede		GIVE RESIDENCE BEFORE 13c CITY OR TOW Frederic	N	13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRE	ss/zipco	DDE Avenue	2170	1
14 FATH	ER'S NAME	440	DOLE			15 MOTHER'S MAIDEN NA					
A.	lbert	MIC	DOLE	Fogle		Carrie	MIDDI	· ·	Wels		
	DECEASED EVER	IN U.S. ARME		166 SOCIAL SECU	RITY NO.	17 INFORMANT	AG	025 Fa.	irview A	venue	
(YES,	NO OR UNKNOWN)	(IF YES GIVE W	AR OR DATES)	214-10-20	027	Mrs. Sarah K	. Fogle	Fred	erick, Mo	1. 2.	1701
9 co U	conditions, if any, gove rise to immouse (o), stating cause	nediote ng the lost	DUE TO, OI b) DUE TO, OI (c) NDITIONS CC		NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR C	ONDITION (GIVEN IN PART 110		
É	Dear		ull. tu	·	hem	itoid arthril	`)				
CERTIFICATION 12	DATE OF OPERA	TION	196 CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	20b. IF IN CER	YES, WERE FINDIN RTIFYING CAUSES YES []	OF DEATH	1?
CAL	O. ACCIDENT WAS UND R CONTRIBUTING () (IF EITHER NOTIFY MEDIC	CAUSE OF DEATH	21b. TIME O HOUR A.I	M. MONTH DA	YEAR	21c. HOW INJURY OCCURE	RED LENTER NATURE OF	INJURY IN ITEM	8 PART 1 OR PART 2)		
	MINJURY OCCURE WHILE NOT WH WORK AT WO	HILE	21e PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	21f LOCATION STREET	CITY	R TOWN	COUNTY	STA	te
	sow the decease obove, (1) (weth	ed olive on	1-141	e deceased from		dream, 19 nother in (my) (cor) opinion	to 12/	e dote and h		that (1) (we couses state	
22	b. SIGNATURE	aut.	R	18:22 B		DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR DPH	STAFF (SICIAN []	12/C DATE	SIGNED	-

22e ADDRESS

22d. PHYSICIAN'S NAME (TYPE OR PRINT) A. Austin Pearre, Jr. MD PA

804 Toll House Avenue, Frederick, Md. 21701

BURIAL, CREMATION, REMOVAL	ZIN DATE	231 NAME OF CEMETERY OR CREMATORY
(SPECIFY) Burial	12/7/85/	Mt. Olivet Cemetery
FHIRTERIAL DIRECTOR	41107	7.007 37 34 3 4 01 250 DA

Frederick, Frederick, Maryland

Julia Davidson-Randalle

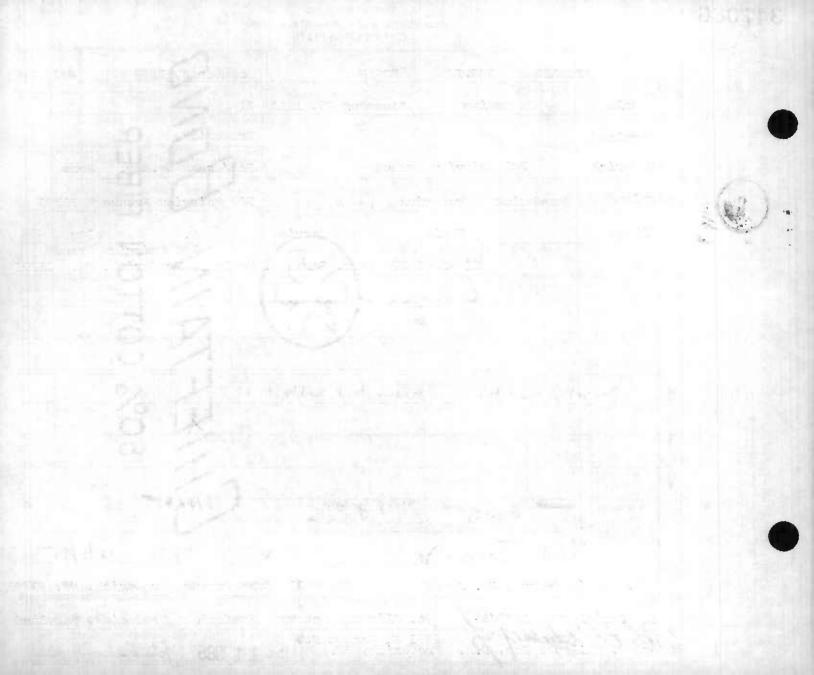
1201 N. Market St Frederick, Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

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18 shows

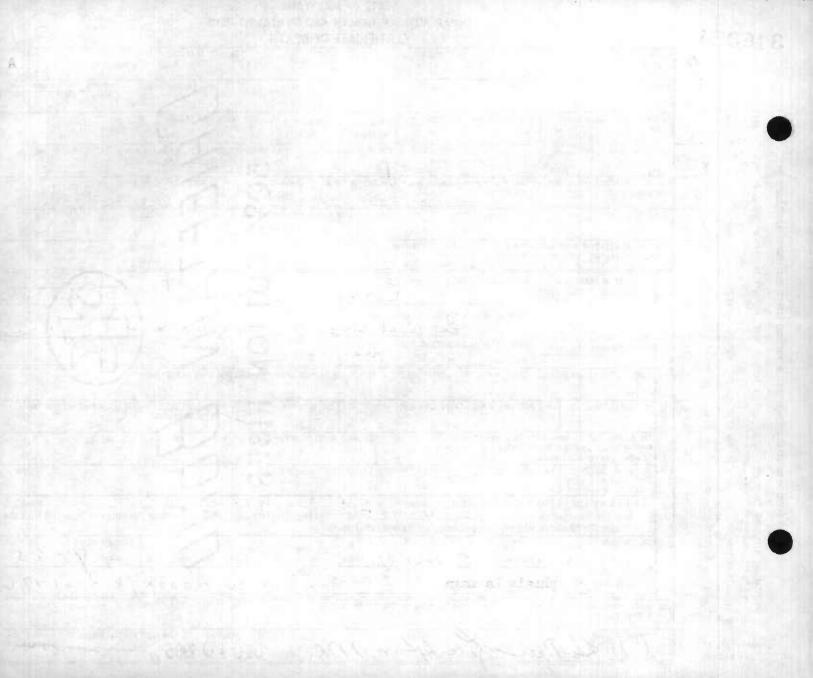
IMPORTANT: If them 21 is marked or Item



DEPARTMENT OF HEALTH AND MENTAL HYGIENE 346084 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 20. DATE OF DEATH (Type or print) Elizabeth Fox Ressie IF UNDER 1 YEAR IE UNDER 24 HRS. 4 RACE S. DATE OF BIRTH 6. AGE (In years 3. SEX lost birthdoy) DAYS HOURS MONTHS 1/29/08 White Female 9. COUNTY OF DEATH 70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED V NEVER MARRIED country) WIDOWED T DIVORCED II.S.A. Frederick Maryland 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street oddress) 9832 Gree during mast of warking life, even if retired.)
housewite INDUSTRY own home Green Valley Rd. nr. Libertytown 18a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 9832 Green Valley Rd DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND admission) STATE 13b. COUNTY NO T YES 🗔 Frederick Union Bridge puo 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last First Black. Grace Leona Long 17 INFORMANT 9832 GreensvAlley Rd. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (If yes give war or dates of service) (Yes, no. or unknown) Union Bridge, MD 21791 none 220-40-8603 George H. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE DI stoting the underlying couser please PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) permit. 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [NO T 21g. ACCIOENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notity medical exominer) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED State City or Town County While Not while at wark 22a. I certify that (1) (this haspital) attended the deceased from 4 12 - 4 19 5 Fond that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive on_ ATTENDING causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED DIRECTOR ATTENDING DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS WINDSOR NAME (Type) S Ephraim Barzaga TO FUNERAL shauld I 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL CREMATION. (County) (State) REMOVAL (Specify) MD **Unionville** Fred Linganore Cemetery Buria 2Sa REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 3/72 25M

(VR A15 (4))

STATE OF MARYLAND



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

RF	G.	NO).

BALTIMORE CITY OR COUNTY OF DEATH

REG. N	10.				
OF DEATH	HINOM	DAY	YEAR	26 HOUR	
mber	3.	19	85	11:24 A	
YEARS LAST BI	RTHDAY}	IF UN	DERTYEAR	IF UNDER 24 HRS	
		100000	S 5 1 2	The second secon	

TYPE OR PRINT)	Freda	Sander	rs FUL
SEX	70-1	4 RACE	5. DATE OF BIR
			MONTH

Female White 76 CITIZEN OF WHAT COUNTRY Maryland U.S.

20 MARRIED NEVER MARRIED DIVORCED T WIDOWED

YEAR

18

Frederick County.

Receptionist

ITYPE OF WORK FOR MOST OF WORKING LIFE

13e.STREET ADDRESS / ZIP CODE

20. DATE

Dece 6 AGE (

> INDUSTRY Insurance

IO CITY OR TOWN OF DEATH Frederick

> 13c. CITY OR TOWN Frederick Frederick

Mount Olivet Boulevard

113d INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME

Nellie

3 Mt. Olivet Blvd. 21701

4 FATHER'S NAME William

No

130 STATE

Md.

- STATE

REGISTRAR

DECEASED NAME

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

136 COUNTY

Sanders 16b SOCIAL SECURITY NO 235-20-4371

17 INFORMANT

Conway ADDRESS P.O. Box 385 Mr. Arthur H. Fulk, Jr. Trenton, Georgia

18 CAUSE OF DEATH (Enter only one cause per line for ia), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0)

DUE TO, OR AS A CONSEQUENCE OF THE TOTAL OF

INSTANT

Conditions, if any, which gave rise to immediate couse (o), stating underlying couse last.

190 DATE OF OPERATION

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 o

20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH?

CERTIFICATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

WHILE NOT WHILE

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR

NO X 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM, ETC.)

21f LOCATION

CITY OR TOWN

(aur) apinion death accurred on the date and hour and from the causes stated

STATE

STATE

220.1 certify that (1) this haspital) attended the deceased fram sow the deceased of 22b. SIGNATURE

DEGREE

ATTENDING

MEDICAL PHYSICIAN X DIRECTOR PHYSICIAN

CITY OF YOWN

224 DATE SIGNED Dec 3, 1985

Sherman Kahan, MD

Removal

22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

4 West 7th St. Frederick, Md. 21701

23a. BURIAL CREMATION REMOVAL (SPECIFY)

24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 Anatomy Board (VRA 15, 4)

12/3/85

ADDRESS Balto., Md.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 山上し

23d. LOCATION

COUNTY

COUNTY

should be BP.

OSOEIR repete Sandara FULK File Lecenber 3, 1985 / 1985 The state of the state of enter the second of the second ALCOHOLD AND THE PARTY OF THE P BUC & OST TORSON SAN A . s. o 7td . t, Wrangedok, . id. 25700 LE , M O L MENTE The second of the second

(VRA 15, 4)

364151

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO MIDGLE 20 DATE OF DEATH MONTH 76 HOUR December 19, 1985 Henry GAMBRILL. III 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS White 1/1 1891 Nov. 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Frederick County, WIDOWED 126 KIND OF BUSINESS OR Executive ™四针對in Corp. Homewood Retirement Center 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 304 Rockwell Terrace 21701 Frederick YES NO 15 MOTHER'S MAIDEN NAME Susan Winebrener Gambrill Jr Henry 166 SOCIAL SECURITY NO "Marson G. Hunter Bowers, Jr., 7702 Dance Hall Rd., Fred. Md. 21701 DUE TO, OR AS A CONSEQUENCE OF DUE TO OR AS A CONSEQUENCE OF 1 Leave 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOM YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M 19 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STREET (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) and that in (m/y) (eer) apinion death accurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

- STATE REGISTRAR DECEASED NAME LITYPE OR PRINTS James 3. SEX Male 70. BIRTHPLACE ISTATE OR FOREIGN Ala. IN CITY OR TOWN OF DEATH Frederick Frederick 14 FATHER'S NAME James 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and ic. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTHEY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from_ saw the deceased alive an_ above, (1) (we) (did) (did not) view the body after death 226 SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR PRINT) Dr. A.Austin Pearre, Jr. MD804 Toll House Ave. Fred. Md. 21701 230 BURIAL, CREMATION, REMO -- 716 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY Mt.Olivet Cemetery Frederick DHMH - 16 60M 7/841 Smith Keeney Frederic

MARYLAND DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, ding ph

STATE OF MARYLAND

FOR STATE REGISTRAR			DEPARTA		IEALTH AND MENTAL HYG	REG. NO.			
I DECEASED NAME	FIRST		MIDDLE		AST	20 DATE OF DEATH MONTH	DAY YEAR 26 H	OUR	
	Mabel		Virginia	F	IALE	December 12,	1985	М	
Female		4 RACE White	9	5. DATE OF	TO, TY902 YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOUR	DER 24 HRS	
70. BIRTHPLACE (STATE OF COUNTRY) Virginia				8 MARRIE WIDOWI	ED DIVORCED	Frederick County,			
Frederick 11. Name of Hospital, Nursing H				ADDRESS)		OCCUPATION OTHER OF WORK FOR MOST OF WORKING Practical Nu	ORKING LIFE) INDUSTRY		
						13. STREET ADDRESS / ZIP C Jefferson, M	ope aryland 2175	35	
14 FATHER'S NAME FIRST ROY	ATHER'S NAME FIRST MIDDLE LAST				15 MOTHER'S MAIDEN NAME FIRST Daisy	WIDDLE	Cooper		
160 WAS DECEASED EVEI 1485, NO OR UNKNOWN) NO		MED FORCES? WE WAR OR DATES) NONE	218-30-7		Bernard A. Ha	11e, Frederick	erfly Lane		
18 CAUSE OF DEA PART I, DEATH V		TE CAUSE (b)	Brabral	2 T2	hanboses		APPROXIMATE IN BETWEEN ONSET A	TERVAL IND DEATH	
Conditions, if one		DUE TO, OI	RAS, A CONSEQUE		Josephard	estare.	5yea	40	
couse (a), state	ing the	DUE TO, OF	Ballet	E of			15 year	S	
NOIL		Bul	toleral /	Fungh	utolem lags	inal disease or condition	GIVEN IN PARTY 10		
190 DATE OF OPERA	MOITA	196 CONDI	TION FOR WHICH	OPER#TIC	N WAS PERFORMED		FYES, WERE FINDINGS U ERTIFYING CAUSES OF DI	EATH?	

2 tc. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M.

211 LOCATION

21d INJURY OCCURRED 21e. PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM ETC) NOT WHILE

CITY OF TOWN COUNTY

and that in (my) (and opinion death accurred on the date and have and from the causes stated

STATE

saw the deceased alive an above, (1) (wested and did no

220.1 certify that (1) (this hospital) attended the deceased from

DEGREE ATTENDING

MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

Dr. Bernard O. Thomas, Jr., M.D.

Professional Building, Frederick, Md. 21701

230 BURIAL, CREMATION, REMOVAL Burial

MEDICAL

Methodist Cem.

Jefferson, Frederick, Maryland STRAR SWREGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

O FUNERAL DIRECTOR Afre tould be detached for use as the State Dept. of Health

and Mental Hygrene prior

marked or h

MPORTANT:

130198 STATE OF LINE OF THE SECOND STATE OF THE SECON white plants berg more than a me do from a so in the

STATE OF MARYLAND

ARTMENT	OF H	EALTH	AND	MENTAL	HYGIENE
CFI	RTIF	CATE	OF	DEATH	

1 - STATE REGISTRAR		DEPARTA		ATE OF D	EATH		G. NO.		
DECEASED NAME FIRST		AIDDLE	LAST		21118	20 DATE OF DEAT	H MONTH	DAY YEAR	2b. H
ELIZAB	ETH M	TAE	HAND	F 5		12	- /	5- 15	4
.sex Female	White		Sept	. 21	1896	6 AGE (IN YEARS LAS	YRS	MONTHS DAYS	HOU
BIRTHPLACE (STATE OR FOREIGN Maryland		A.	MARRIED WIDOWED		AARRIED	Prede		County	7 ,
Frederick	11. NAME OF H	HOSPITAL, NURSIN H FACILITY, GIVE STREET LOK MON	GHOME OR ADDRESSI IOPIAL	OTHER INST	oital	120 USUAL OCCUP (1YPE OF WORK FOR MO HOMON)		LIFE) 126 KIND (
	ounty ederick		No olzelli	3d. INSIDE C	ITY LIMITS?	13 STREET ADDRE		217	77
FATHER'S NAME Robert	MIDDLE M.	Joy	1		MAIDEN NA	ME	l E	Stocki	han
60 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YE	S. ARMED FORCES?	219-07-	-11 1 -1	Pt. ("Rober of Roc	t L. Han	2177	P.O.Box 7	< 5
18 CAUSE OF DEATH (Ent PART I. DEATH WAS CA				arron	1 ***	+37		APPRO: BETWEEN	XIMATE I
Conditions, if any, which		CASTO	NCE OF	TINAL	BLEE	wines. S.	CVENT		

gove rise to immediate couse (a), stating the underlying cause last.

CERTIFICATION

MEDICAL

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

V			,		
190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDIN	
			YES NO NO	YES 🗆	NO 🗌
210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21c HOW INJURY OCCURRED	D (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)	SALE

CONFRAOVACCULAR ACCIDENT

21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE FARM ETC.) NOT WHILE

DUE TO, OR AS A CONSEQUENCE OF

211 LOCATION CITY OR TOWN

SIRIE

22a | certify that (1) (this haspital) attended the deceased from sow the deceased alive on.

> DEGREE ATTENDING MEDICAL STAFF
> PHYSICIAN DIRECTOR PHYSICIAN

> > Cemetery

220 DATE SIGNED
12/15/0

224. PHYSICHAN'S NAME (TYPE OR PRINT) ATTHUR 6 MARAGE. M.1.

GREEN VALLEY CTR. MONNESIA MP. 21770

		C).	7,10-11-01	
23a.	BURIAL, CREMATION,	REMOVAL	23b DATE	
	[SPECIFY]	5		

23. NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OR TOWN

Fred.

DHMH - 16 60M 7/B4

BP.

FUNERAL DIRECTOR

ORT

Funeral Home (VRA 15, 4)

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

BALTIMORE, MARYLAND 2120 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

0.57070250

- STATE

1 SEX

MEDIC/

MPORTANT.

WHILE NOT WHILE

I DECEASED NAME TYPE OR PRINTS

Male

BIRTHPLACE ISTATE OR FOREIGN

Franklin, Penna.

John

4 RACE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

CERTIFICATE OF DEATH REG. NO MIDDLE 20 DATE OF DEATH MONTH 26 HOUR 85 12 08 11:55P Richard Hanna 5 DATE OF BIRTH AGE /IN YEARS LAST BIRTHDAYL IF UNDER 1 YEAR 10 1900 09 85 Caucasian BALTIMORE CITY OR COUNTY OF DEATH

Frederick

(TYPE OF WORK FOR MOST OF WORKING LIFE) Ret. Engineer

12b. KIND OF BUSINESS OR

Moore

Md.

YES [

76 CITIZEN OF WHAT COUNTRY? MARRIED XX NEVER MARRIED U.S. A. WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION

ID CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Erederick Frederick Memorial Hospital

SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130 STATE 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13. STREET ADDRESS / ZIP CODE 420 Brooklawn Apts./ 21701 Frederick Frederick YES X Maryland NOF & FATHER'S NAME 15. MOTHER'S MAIDEN NAME

LAST MIDDLE Clara John Hanna L. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16h SOCIAL SECURITY NO

(IF YES GIVE WAR OR DATES) IYES, NO OR UNKNOWN) Mrs. Rebecca Hanna 420 Brooklawn Apts., Fred 184-01-8003 No

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per line for to 1, (b), and ic PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0

190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

NOX 710 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR

(IF EITHER NOTIFY MEDICAL EXAMINER) P.M.

21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME STREET FACTORY OFFICE FARM, ETC) STREET

22a I certify that (1) (this hospital) attended

d that firmy (our) opinion death accurred on the date and hour and from the causes stated DECLIRER 22c DATE SIGNED

/ MEDICAL ATTENDING ! DIRECTOR PHYSICIAN 22e ADDRESS

804 Toll House Ave., Frederick, Md. bert Kaufmann 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 1 23b. DATE

Smithsburg Washington Cremation Smithsburg Crematory 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

(VRA 15, 4) Robert E. Daileu & Son,

Frederick, Md.

1201 N. Market DHMH - 16 60M 7/84

FOR - STATE REGISTRAR

Male

BIRTHPLACE (STATE OR FOREIGN

CITY OR TOWN OF DEATH

1 DECEASED NAME

Maryland

TYPE OR PRINTS

1 SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

HARRIS, SR.

Oct. 25, 1898

MARRIED ANEVER MARRIED

December 2, 1	985	YEAR	26 HOU	OO AM
6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS	DAYS	IF UNDER	24 HRS MIN.
9. BALTIMORE CITY OR COUNT Frederick C	Y OF DE			MD.
12a USUAL OCCUPATION LTYPE OF WORK FOR MOST OF WORKING I CARMAN Inspecto.		USTRY	F BUSINE	

7336-A Edgewood Church Road Frederick

U.S.A.

White

MIDDLE

Th CITIZEN OF WHAT COUNTRY?

Anders

ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION. Frederick Maryland

4 RACE

John

136. INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME

Carrie

DIVORCED []

7836-A Edgewood Church Rd. 21701 MIDDLE LAST

FATHER'S NAME William

(YES, NO OR UNKNOWN)

WAS DECEASED EVER IN U.S. ARMED FORCES?

None

IMMEDIATE CAUSE (a)

8 CAUSE OF DEATH (Enter only one couse per line for

PART I. DEATH WAS CAUSED BY.

Harris 166 SOCIAL SECURITY NO 705-12-2015

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

17 INFORMANTS. Roberta V. ADHarris 7836-A Edgewood Church Rd., Frederick, Md.

21701

Hansen

Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause lost

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

90 DATE OF OPERATION

21h TIME OF INJURY

21e PLACE OF INJURY

HOUR A.M. MONTH DAY YEAR

AT HOME STREET, FACTORY, OFFICE, FARM, ETC 1

19h. CONDITION FOR WHICH OPERATION WAS PERFORMED

211. LOCATION

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

saw the deceased olive on.

(SPECIFY)

NOT WHILE

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

220.1 certify that (1) (this hountal attended, the deceased from

CITY OR TOWN

and that in (my) (apinion death occurred an the date and haur and from the causes stated

STATE

Burial

ATTENDING PHYSICIAN DIRECTOR PHYSICIAN THE DATE SHOWED

Dr. LeRoy T. Davis 230 BURIAL, CREMATION, REMOVAL 23b DATE

\$01 Toll House Ave., Frederick, Md. 21701

230 NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery

20a AUTOPSY?

NOXX

Frederick, Frederick, Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

the Sto

24 FUNERAL DIRECTSmith, Keeney & Basford Funeral Home 106 East Church St., Frederick, Md. 21701

12-5-25

ULL

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

ecceptur 2, 1915		and winder	A MINIO	
	25, 1305	.350	22414	
granus discharge			1.8.0	and The
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834- Nagovoor Chines, Al. 11991		Production:	modern to a	santyma
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eve., Frederick, vo. 1701 Irederick, Frederick, vo.	77-7-1-1-1	wife chi 2		

008083

	STATE OF MARYLAND
OR	DEPARTMENT OF HEALTH AND MENTA
STATE	CERTIFICATE OF DEATH

L HYGIENE

REG. NO 20. DATE OF DEATH 12 & AGE (IN YEARS LAST BIRTHDAY)

26. HOUR 20:45 M IF UNDER LYEAR IF UNDER 24 HRS

3 SEX 5. DATE OF BIRTH MONTH Female White Jan.

1936

49 YRS. BALTIMORE CITY OR COUNTY OF DEATH

a. BIRTHPLACE (STATE OF FOREIGN Maryland

REGISTRAR

DECEASED NAME TYPE OR PRINT

> 76 CITIZEN OF WHAT COUNTRY U.S.A.

MARRIED NEVER MARRIED WIDOWED DIVORCED XX NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Frederick Counnty, ITYPE OF WORK FOR MOST OF WORKING LIFE

MIDDLE

Dishwasher

126 KIND OF BUSINESS OR INDUSTRY Restaurant

Haller

APPROXIMATE INTERVAL

ID. CITY OR TOWN OF DEATH Frederick

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Frederick Memorial Hospital SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN Braddock Hts. Frederick

13d. INSIDE CITY LIMITS? NO IX

13e.STREET ADDRESS / ZIP CODE 21701 Edgemont Road/ 15 MOTHER'S MAIDEN NAME

Maryland 4 FATHER'S NAME Millard

3a STATE

CERTIFICATION

MEDICAL

MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

> (IF YES GIVE WAR OR OATES) None

18 CAUSE OF DEATH (Enter only one couse per line for id., (b., and ic., PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a)

136 COUNTY

Wireman 166 SOCIAL SECURITY NO

Elizabeth 17 INFORMANT

Mary Albaugh.

334 West Patrick Street Frederick, Maryland 21701

Conditions, if any, which gove rise to immediate couse (o), stoting the

monar

underlying couse lost.

190 DATE OF OPERATION

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG

2 a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING T CAUSE OF DEATH

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2)

20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES | NO F

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE

PM 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.)

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

21f LOCATION CITY OF TOWN STREET

YES []

COUNTY STATE

22a.1 certify that (1)/(this hospital) attended the deceased from sow the deceased olive on_ obove, (1) (we) (did) (did not linew the body ofter death

and that in my (our) opinion death occurred an the date and hour and from the causes stated DEGREE

PHYSICIAN

ATTENDING EDICAL STAFF DIRECTOR PHYSICIAN

22c DATE SIGNED

22e ADDRESS

23a BURIAL, CREMATION, REMOVAL

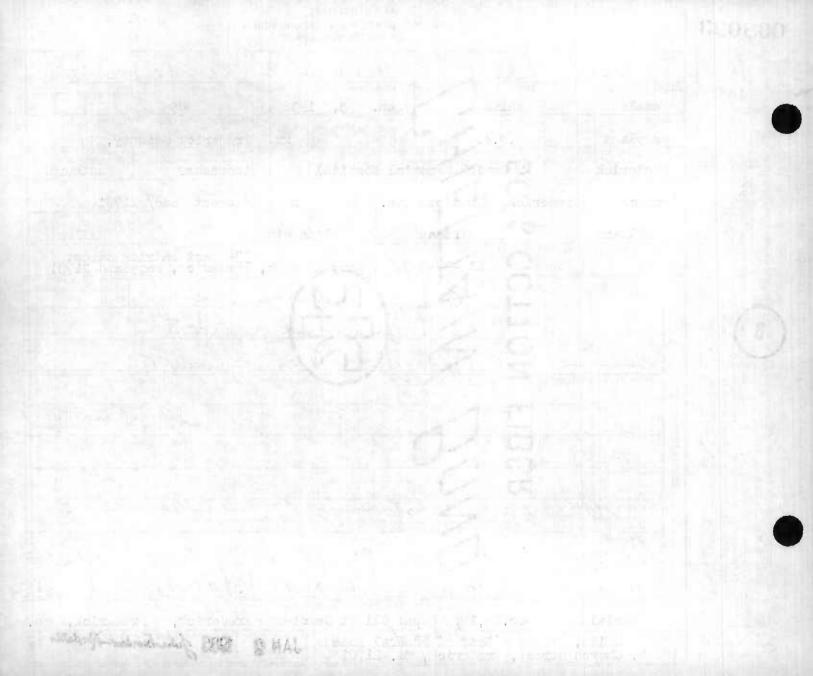
Dec. 24, 1985 Mount Olivet Cemetery

Frederick.

Frederick

DHMH - 16 60M 7/84 (VRA 15, 4)

NAME Smith, Keeney & Bastords Tuneral Home 106 E. Church Street. Frederick. Md. 21701



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR Tteml4 G 613 3/21/86 CW

CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH MONT

4	DAY	YEAR

1985

2b HOUR
11.30
7

6. AGE (IN YEARS LAST BIRTHDAY) 4. RACE 5. DATE OF BIRTH 1923 White July 62 YRS

LAST

HOFFMAN

TO BIRTHPLACE I STATE OF FOREIGN 7h. CITIZEN OF WHAT COUNTRY? Maryland

Austin

U.S.A.

Lewis

2/25/86 rja

MARRIED X NEVER MARRIED WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

Frederick County, 126 KIND OF BUSINESS OR

BALTIMORE CITY OR COUNTY OF DEATH

December 24.

MIDDLE

Frederick Memorial Hospital Frederick

ourse

Contract Speclist 7187 Adirondack Drive/ 21701

Frederick Marvland 4 FATHER'S NAME Hubert

60 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

Film G612 item 17

DECEASED NAME LIVPE OR PRINTS

Male

B CITY OR TOWN OF DEATH

3. SEX

CERTIFICATION

Hoffman 165 SOCIAL SECURITY NO. 216-14-6737

Frederick

Ethel 17 INFORMANT

15 MOTHER'S MAIDEN NAME

Orem 7187 Adirondack Drive Mrs. Ann Lousie Hoffman, Frederick, Md. 21701

IMMEDIATE CAUSE 10 Conditions, if ony, which gove rise to immediate

20b. IF YES, WERE FINDINGS USED

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

couse (o), stoting the

19a DATE OF OPERATION

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

216. TIME OF INJURY PM

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

IN CERTIFYING CAUSES OF DEATH? NO I 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2

HOUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM ETC.)

18 CAUSE OF DEATH (Enter only one couse per line for 101, (b), and 1c

211 LOCATION

20g AUTOPSY?

NOT WHILE 220.1 certify that (1) (No beaptive) attended the deceased from saw the deceased alive on 120 19 sow the deceosed olive on 100 000 obove (II (wa) (did) (did not) view the body ofter death

... and that in (my) and opinion death accurred on the date and hour and from the causes stated ATTENDING

CITY OR TOWN

LeRoy T. Davis. MD.

801 Tollhouse Ave., Frederick, Md. 21701

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 236. DATE

Cremation/

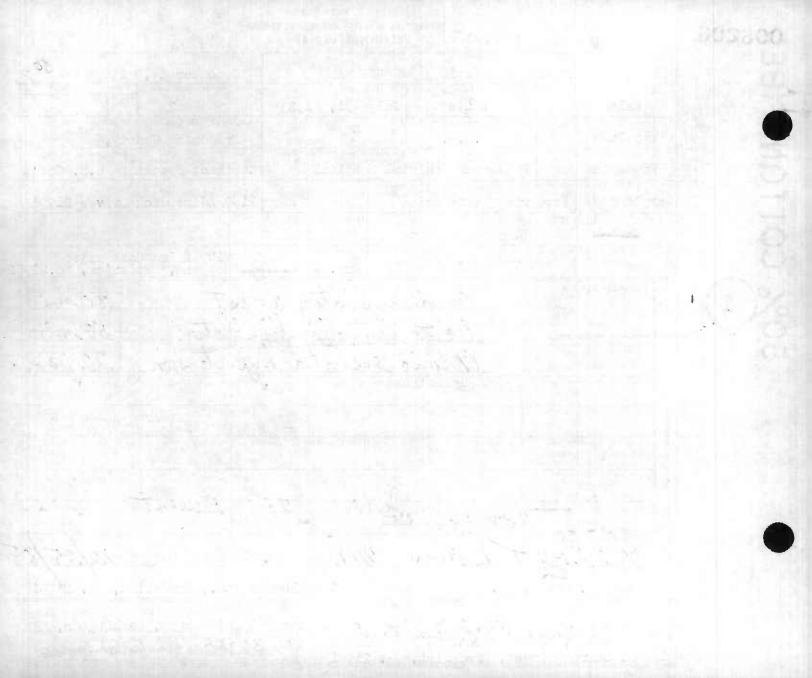
23¢ NAME OF CEMETERY OR CREMATORY 1985 Smithsburg Crematory

PHYSICIAN DIRECTOR PHYSICIAN

Smithsburg, Washington, Md

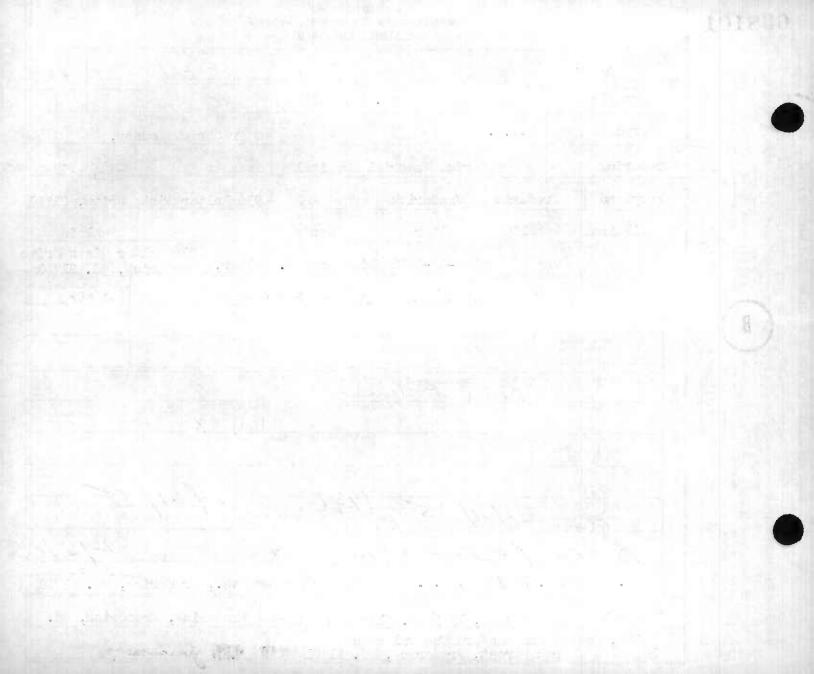
n Dec. 27. 24 FUNERAL DIRECTION TO Keeney & Basford 106 E. Church Street, Frederick, Ma. 21703

DATE BECD BY REGISTRAR 25 REGISTRAR'S SIGNATURE



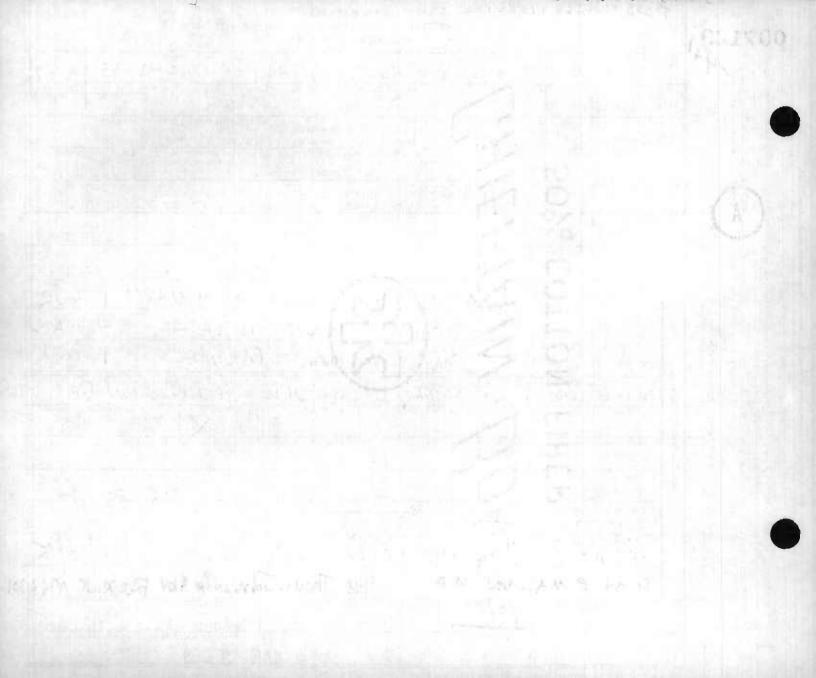
106 East Church Street. Frederick, Md.

(VRA 15, 4)



STATE OF MARYLAND

236 FILM [611 1116186 Kan



345159

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN
CEDTIFICATE OF DEATH

- STATE REGISTRAR REG. NO 20 DATE OF DEATH MONTH DECEASED NAME 2b. HOUR TYPE OR PRINTS 85 2105 Charles Jackson Gervous IF UNDER 1 YEAR 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3. SEX MONTH YEAR Aug. 6. 1904 Male White BIRTHPLACE ISTATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Frederick County, West Virginia 11. NAME OF HOSPITAL NURSING HOME 126 KIND OF BUSINESS OR LITYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Stone Quarry Frederick Memorial Hospita Frederick Laborer 136 COUNTY 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Jefferson Route 1, Box 981 25425 Harpers Ferry W. Va. 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME Jackson Virginia Grove Demosey Margaret Vernon 166 SOCIAL SECURITY NO 17 INFORMANT Route 1, Box 936 236-03-2789 Violet D. Jenkins - Harpers Ferry, WV 25425 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per fine for (a), (b), and (c) FAILURE PART I. DEATH WAS CAUSED BY ARDIO-RESPITORI IMMEDIATE CAUSE A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting SUBDURALA HEMATUMA DUE TO, OR AS A CONSEQUENCE OF couse lost underlying RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CERTIFICATION HEONIC ALCOH 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? HEMATUMA 11-18 SUBDUR AL YES [210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21f LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY OFFICE FARM, ETC.) NOT WHILE 11-18-85 8.2 220.1 certify that (1) (this hospital) attended the deceased from, saw the deceased alive on Dec 370 and that in (my) (our) apinion death occurred an the date and hour and from the causes stated above, (1) (we) (did) (did nat) view the bady after death 22h SIGNATL DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 188 ZAZULL 23d LOCATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY

230 BURIAL, CREMATION, REMOVAL

DHMH - 16 60M 7/84 (VRA 15, 4)

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Buria. 24 FUNERAL DIRECTOR

FOR

Chestnut Hill Cem.

Harpers Ferry. Jefferson.

Drawer C Spencer - Harpers Ferry, WV 25425

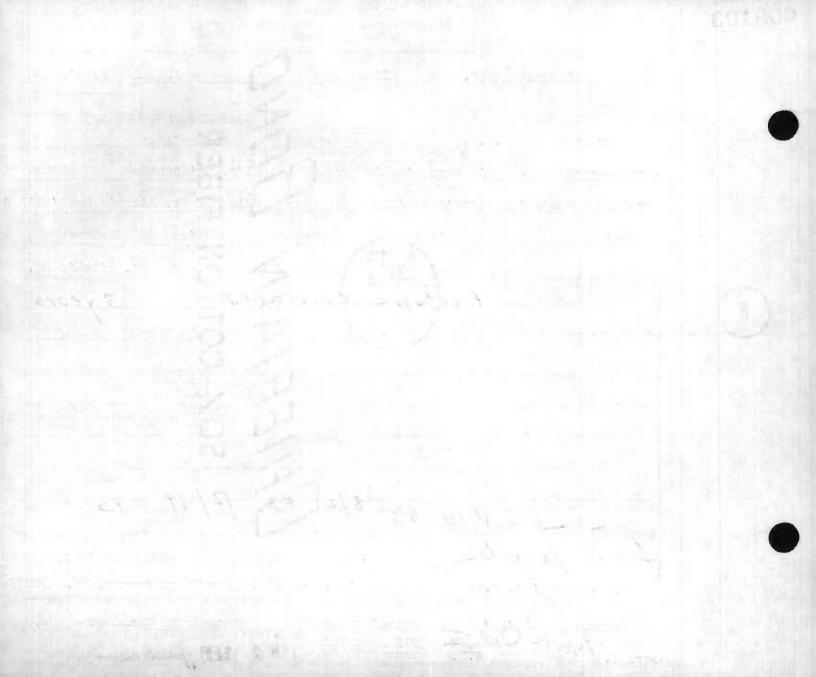
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250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE



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COLUMN ATEM SET 1985 2 white 2000. 10. 1916 69 Profesion Co. tingent to the same of the same and the same of the sa Md. Product it. 11769 No 214-10-5690 Paulino Neller N. doletown, 114. Frederick, Md. 21702 It. F. Cropory Sausch Thomason Home Maddleton, do.



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	1 DECEASED NAM

director page 3

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

1	(TYPE OR PRINT)	LACY	LEE	, 5R	12	27 85	10500		
		Black	5. DATE OF B	IRTH YEAR	6 AGE (IN YEARS LAST BIRTHDAY) 46 Y	IF UNDER 1 YEAR MONTHS DATS	IF UNDER 24 HRS HOURS MIN.		
2	Maryland	76. CITIZEN OF WHAT COUNTRY?	WIDOWED	NEVER MARRIED !	Fraceric	K Cour	oty MD.		
1	Frederick	11. NAME OF HOSPITAL, NURSIN HE NOT IN SUCH FACILITY, GIVE STREET FROETICK ME	address)	1. Hospital	120 USUAL OCCUPATION 1 TYPE OF WORK FOR MOST OF WORK		F BUSINESS OR		
	JAL RESIDENCE HE NURSING HOME OR.		'N 130	ES NO		A . F C.	Kel		
	Dan	MIDDLE LAST		Frances	MIDDLE	Gar	ther		
2	160, WAS DECEASED EVER IN U.S. ARA (YES NO OR UNKNOWN) IF YES, GIVE	WAR OR DATES)	986A	Delores Pea	ch Mt. A.	ry, MD			
	PART I. DEATH WAS CAUSED	y one cause per lym for (a), (b), and BY. E CAUSE (o) DUE TO, OR AS A CONSEQUE (c)	meli	I infari	tuy	0 -	MATE INTERVAL INSET AND DEATH		
7	PART 2 OTHER SIGNIFICANT C 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	ONDITIONS <u>CONTRIBUTING TO 1</u>			200 AUTOPSY? 201 IF YES, WERE FINDINGS USE YES NO 201 NO 201 YES NO 201				
7	A COLUMNIA CALLER OF DE LE		AY YEAR	E. HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITE				
	OR CONTRIBUTING CAUSE OF DEAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21 d INJURY OCCURRED WHILE NOTIFY HILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, F		f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE		
	22a.l certify that (I) (this hospit sow the deceosed alive an above. (I) (wal) (that) (did not 22b. SIGNATURE	ol) ottended the deceased from		GREE ATTENDING .	eath occurred an the date and MEDICAL STAFF DIRECTOR PHYSICIAN	have and from the c			
	22d. PHYSICÍAN'S NAME (TYPE OR	PRINT)	22	e ADDRESS	Freden	. ,)		
	230 BURIAL, CREMATION, REMOVAL ISPECIF BLL FIAL 24 FUNERAL DIRECTOR	23h DATE 23c. 1	USHY F	etery or crematory Park Cemetero 1250. patr	23d LOCATION CITY OR TOWN COOKSVILLE REC'D. BY REGISTRAR 25b. RE	CICTRADIC CICALATI	STATE MD		
	Hamu Lo. Haigi	ht Sykes VIL	le, M	DIAM	3 1986		- Tours		

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletel should be detached for use as the burnal-transit permit. Then please remave carbon papers. Pages 1 and 2 swith the State Dept. of Health and Mental Hygiene prior to burnal, cremation, or remaval.

TENDING PHYSICIAN: The low

TO HOSPITAL OR ATTENDING PHYSICIAN: The etoined by the hospital or ottending physician.

TO HOSPITAL

BP.

MPORTANT: If Hem 21 is marked at Hem 18 shaws any injury, as other traumatic event,

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FUNERAL

(VRA 15, 4)

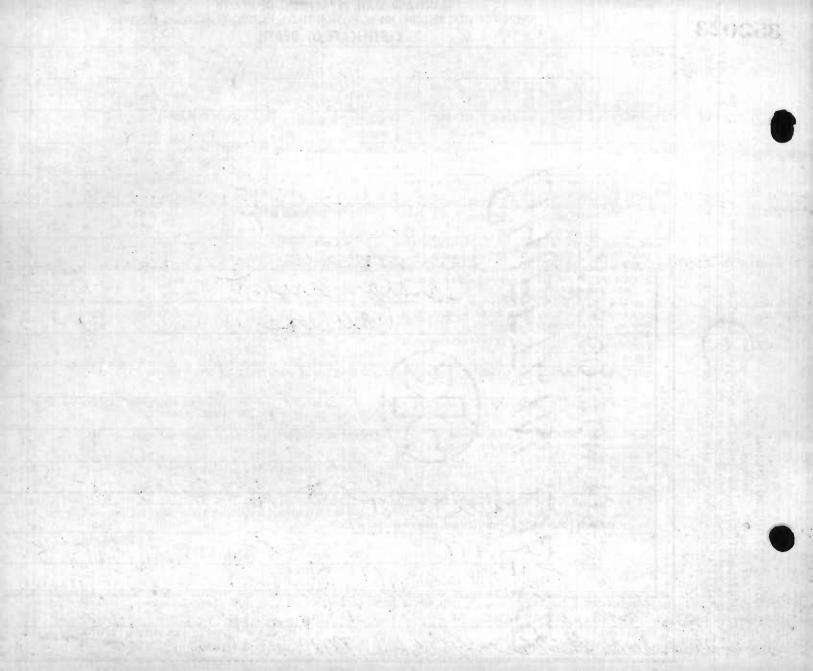
DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH 353033 REGISTRAR REG NO 20 DATE OF DEATH MONTH 2h. HOUR DECEASED NAME (TYPE OR PRINT) 10:12 A M EMERSON DECEMBER IF UNDER 24 HRS A AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR 5. DATE OF BIRTH 3. SEX April 19.1914 female white 9 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE ESTATE OF FOREIGN MARRIED NEVER MARRIED Tennessee Frederick U.S.A. DIVORCED WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR ID CITY OR TOWN OF DEATH 12n USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADORESS)
Frederick Memorial Hospital College Frederick USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Md. 6107 Linganore Rd. 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME Cashin MIDDLE FIRST Lewis Carolyn James 16b. SOCIAL SECURITY NO. 17 INFORMANT IAN WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) LYES NO OR UNKNOWN) Mrs. Dixie J. Miller Frederick. Md. 412-12-4005 no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY - = 5010 00 60000 IMMEDIATE CAUSE (D)__ DUE TO OR AS A CONSEQUENCE OF everasive Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO OR AS A CONSEQUENCE OF underlying couse lost. 00 corcinom ? PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART THE CERTIFICATION Coracios 00 000 87 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO I 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2) 21g. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 211. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY COUNTY STATE CITY OF TOWN STREET (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) WHILE NOT WHILE 22a. | certify that (1) (this haspital) attended the deceased from_ CO C C 19 05 , and that in my (our) apinion death accurred on the date and have and from the causes stated DEGREE 22c. DATE SIGNED 24 SIGNATURE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [should be deto with the Stote IMPORTANT: 22e ADDRESS 22d. PHYSICIAN S NAME THE DEFENT SEUTINGT U west 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23g. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Cremation Dec. 4,1985 Shithsburg Wash, Md. Smithsburg Crematory 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTO Alia Sainton Bridge DHMH - 16 60M 7/84 Davis Funeral Smithsburg Md.

STATE OF MARYLAND

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2J201 352023 CERTIFICATE OF DEATH Lost Middle 2o. DATE OF DEATH 2b. HOUR DECEASED-NAME First death. (Type or print) Angeline Lochner Rache1 IF UNDER 1 YEAR 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. lost birthdoy) MONTHS DAYS HOURS 1/24/93 YRS Female White 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED TX DIVORCED Frederick Maryland 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.)
housewife INDUSTRY near 8302 Chestnut own home Pleasant Grove 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 21701 death certificate be executed 13b. COUNTY admission) STATE NO 👽 Chestnut Grove Rd Frederick Frederick Maryland 1S. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Last Middle C Welker ETzler Laura George 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Chedgesnut Grove Rd. 8302 Yes, no or unknawn) (If yes give war or dates of service) 219-36-3362D Louise Bruchev Frederick, MD none 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise ta immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 50 TO FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached for use a should be filed with the State Deptrof Health pr CAUSES OF DEATH? YES 🗍 NO 🗍 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County While Not while 22a. I certify that (I) (this hospital) attended the deceased from), that (1) saw the deceased alive an _19&1, and that in (my) (our) opinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady after deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF DEGREE DIRECTOR PHYS. PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Parkview Medical Ctr. Frederick 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE (State) (County) REMOVAL (Specify) nr. Libertytown Fred. MD 12/16/85 Chapel Cemetery 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND

353093	3	1-	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE S CERTIFICATE OF DEATH REG. NO.
of described	12	11496	EASED NAME CONG	A MELEN LOW SE
pe 4 m ector. p	n	1. SE	Female	S. DATE OF BIRTH MONTH DAY YEAR 6 AGE (INYEARS LAST BIRTHDAY) WONTHS DAYS HOURS MIN. 15 DATE OF BIRTH MONTHS DAYS HOURS MIN.
ment of	99		the tace (State or Foreign 7) OUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED WEVER MARRIED ON PROCEED OF BALTIMORE CITY OF COUNTY OF DEATH WIDOWED DIVORCED ON MORE COUNTER, MD.
of the life of the control of the co	64	1000	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHERINSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TREPFICE MEMORY AND THE PROPERTY OF THE
	35	JSU/	AL RESIDENCE (IF NURSING HOMEOR COLD)	ITY 130 CAY OR TOWN 13d INSIDE CITY LIMITS? 130 STREET ADDRESS / ZIP CODE
9	00		Percy V	MIDDLE Burton 15. MOTHER'S MAIDEN NAME FIRST COra Mildred Cox
be execu-	medical		VAS DECEASED EVER IN U.S. ARA (ES, NO OR UNKNOWN) (IF YES, GIVE	EWAR OR DATES) 577-22-603d Frederick G. Long, Item 13
rificote 1 physics en paper emoval.	event, th	B		ly one cause per line far 10, (b) and 10 D BY: E CAUSE (a) Palmonay failure APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 36 Ples.
the death or the otherding remation, or n	her traumatic		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF
requires the in signad by Then please it to burnal	impary, or of	NOI		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DYNAMICS ON DITION OF VILLIN FART TO
he for on the formal for the formal f	Mark Only	THECAT	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 101 A DO
ACIAN g physic entities mothosis	New 18 3	CAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	THE HOUR A.M. MONTH DAY YEAR
uG PHYS affection the flus to the bus hand Mis	/ led or	MEDI	21d. INJURY OCCURRED WHILE ONOT WHILE OF WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 21f LOCATION STREET CITY OR TOWN COUNTY STATE
COR ATTENDER THE hespitul or DESECTOR AS TOTOPHA TOTOP	If been 21 is mo		22a.1 certify that (1) (this hospital saw the deceased alive an abave, (1) (we) (did) (did not 22b. SIGNATURE	tal) attended the deceased fram 1/- 24, 19 85, to 12-17 19 85, that (In (we) lost 11-13 19 85, and that in (my) (our) apinion death accurred on the date and hour and fram the causes stated 11 view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN
HOSPITA Danied by S FUNERA mould be de th the Store	POETANT		22d. PHYSICIAN'S NAME (TYPEOR	FISHER 15 W. 7th Stud Fredg. Me
BP	2	230 E	URIAL, CREMATION, REMOVAL SPECIFY) Burial	Dec. 16, 1985 Washington National Suitland, Maryland
DHMH - 16 60M		24. FL	JNERAL DIRECTOR L. Mole	esworth, P. Andress Damascus, Md. OFC 17 1005

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STATE OF MARYLAND

STAIL OF MARTEAND	
DEPARTMENT OF HEALTH AND MENTAL HY	GIENE
CERTIFICATE OF DEATH	

1-	FOR STATE REGISTRAR		DEPARTA		ICATE O	D MENTAL HYG F DEATH	IENE 8 5	10.	4 1	\$ G14		
	CEASED NAME FIRST		MIDDLE	ī	ASI		20. DATE OF DEATH	MONTH [DAY YEAR	26. HOUR		
[TYPE	MYRTLE		RUTH	LC	ONG		December	14	, 1985	9:30 a _m		
3. SE	X	4. RACE		5. DATE C			6 AGE LIN YEARS LAST BE		AONTHS DAYS	IF UNDER 24 HRS		
	Female	White	2	Dec.	10 DAY	1898	87	YRS.	MONTHS! DAYS	HOURS MIN.		
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 AA A DD IE	NEVE	R MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH					
	arvland	U.S.A	٨.	WIDOWE		DIVORCED	Frederic	k MD				
10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN	IG HOME C	Transaction .	NSTITUTION	120 USUAL OCCUPAT			OF BUSINESS OR		
	Thurmont	406 E.	Main St.	Thur	mont,	Md.	Housewife	OF WORKING LIFE	None			
13a. S	AL RESIDENCE (# NURSING HOME STATE 136 CO ryland Fre		13c. CITY OR TOW Thurmon	N	13d INSID YES 💢	E CITY LIMITS?	13. STREET ADDRESS 406 E. Mai					
14.FA	ATHER'S NAME	WIDDLE	LAST		15. MOTH	R'S MAIDEN NA						
Cł	narles	P.	Wagner			Elizabet	th (NMI)		Ang	ell		
_	VAS DECEASED EVER IN U.S.		166 SOCIAL SECU	IRITY NO.	17 INFOR	MANT	ADDR					
(,	YES, NO OR UNKNOWN) (IF YES NO.	GIVE WAR OR DATES)	213-40-26	628	Mary		06 E. Main		21700			
	18 CAUSE OF DEATH (Enter				TIME	Long II	nurmont, Ma	гутапо		KIMATE INTERVAL ONSET AND DEATH		
	PART I. DEATH WAS CAUSED BY (MMEDIATE CAUSE to) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF											
-	PART 2 OTHER SIGNIFICAN	T CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELA	TED TO THE TERM	INAL DISEASE OR COM	DITION GIV	EN IN PART 1	10		
ě									E 35			
CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PER	FORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDI YING CAUSE: S []			
	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER NOTIFY MEDICAL EXAMI	JEATH	DE INJURY M. MONTH DA	AY YEAR	21c. HOW	'INJURY OCCUR	RED (ENTER NATURE OF INJ		hand .	140		
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME STI	OF INJURY REET, FACTORY, OFFICE F	ARM, ETC)	211 LOCA	TION	CITY OR T	OWN	COUNTY	STATE		
	220 I certify that (I) (this has sow the deceased alive above, (I) we fidid (idid	on 3/19/	19.5			ny) (our) opinion (deoth occurred on the c	lote and hou	and from the			
	226. SIGNATURE	11	M	6	DEGREE		MEDICAL STA	FF CIAN []	22c. DATE	SIGNED		
	William E.		MD.		22e ADDI 100		ter St. Thu	rmont,	Md. 2	1788		

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

Robert E. Dailey &

Dec. 17, 1985 ADDRESS 615 E. Main St.

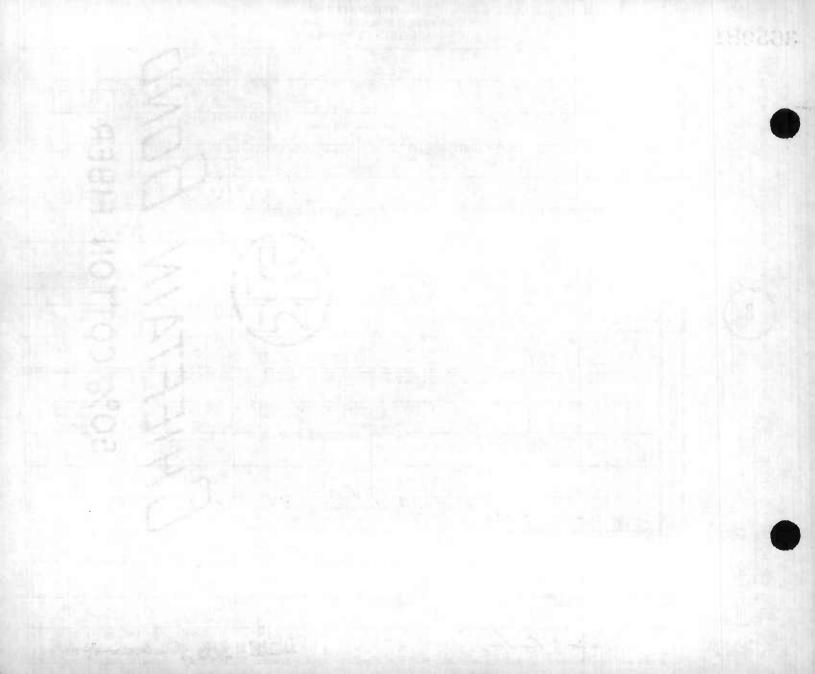
23c NAME OF CEMETERY OF CREMATORY Resthaven Mem. Gardens

Thurmont, Md. 21788

23d LOCATION Frederick

Frederick, Mante

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE



360022

ond completely filled in by the funeral director. page 3 ages 1 and 2 should be filed within 72 hours after death

FOR

STATE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CEPTIFICATE OF DEATH

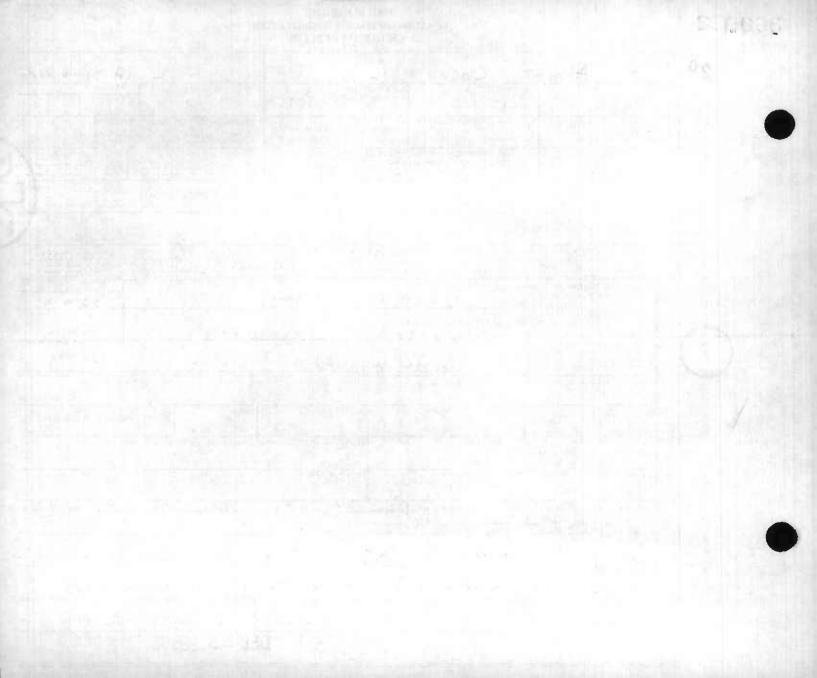
		REGISTRAR				CERTIF	ICATE OF DI	ATH		REG	NO.				
1		EASED NAME	FIRST		MIDDLE	l.	AST		20 DATE	OF DEATH	HTMOM	DAY	YEAR	2h HOUR	
1	(TYPE	OR PRINT)	Alher	T	Lharies	I,	Loomis				12	19	85	10:00	PM
1	3 SEX			4. RACE		5. DATE C			6. AGE	IN YEARS LAS	BIRTHDAY)	MONTHS	R I YEAR	IF UNDER 24	MIN.
		Male		Cauca	sian	Nov	. 29,	1915		70	YRS		UA.S	NOOKS .	24114.
2		OUNTRY -			WHAT COUNTRY?	8 MARRIEI	D NEVER M.	ARRIED X			Y OR COUN				
2	Ca	l'iforn:	ia	United	States	WIDOWE	D DIV	ORCED _			ick (MD.
1		rederic		LIE NOT IN SUC	HOSPITAL, NURSIN THEACILITY, GIVE STREET / CRICK ME	ADDRESS)			TYPE OF W	ork for mo	ATION STOF WORKING	LIFE) 126 INC	EOG]	ation caph:	nal ic
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	14. FA	THER'S NAME Charle:	S	MODIE.	Loomi	s	15 MOTHER'S	MAIDEN NAM die	ΛE		1.		ick		
	16a W	YAS DECEASED EVES, NO OR UNKNOWN)	(IF YES GIV	E WAR OR DATES)	327-05-	A	Thelm		enyo	11 ^A 9 Pen	32 Lo	La,	F.TO:	rida	
		18 CAUSE OF DE	ATH (Enter or	nly ane cause per	line far (a), (b), and	dicii	N	7.			May.		APPROXI/	MATE INTERVA	AL EATH
		PARTI, DEATI		TE CAUSE (0)	CAR	DIA	ا ر	INVEZ]					30	mil	
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٧		Conditions, if a		(b)_	NEW	. K. Ca	110	160	11-1	,			,,,	44.2	_
1		underlying cause last. DUE TO, OR AS A CONSEQUENCE OF ACRIFE MY OCCUP : I FUEL CLICK									107	275			
	N O	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN								GIVEN IN	PART 1:c	1			
	CERTIFICATION	190 DATE OF OPE	RATION	19b. COND	ITION FOR WHICH	WHICH OPERATION WAS PERFORMED				UTOPSY?	IN CER			IGS USED OF DEATH NO	1?
9		21a ACCIDENT WAS	her	21b. TIME C	M, MONTH DA	Y YEAR	21c. HOW INJ	URY OCCURRI	ED (ENTER	NATURE OF	INJURY IN ITEM	8 PART I OF	PART 2)		
7	MEDICAL	(IF EITHER NOTIFY	MEDICAL EXAMINE	P.	M	19						100			
	MED	21d INJURY OCC	URRED	21e PLACE	OF INJURY REET FACTORY, OFFICE F.	ARM, ETC.)	21f LOCATIO	٧		CITY O	RTOWN	cc	VINU	STA	TE
		AT WORK AT	WORK	(2) attended th	e deceased fram_	DEL	1 8	19.85	to	Dei.	15	. 19_6	15	hat the	Vast
				DEL it) view the body	17	, ar	nd that in (my)	aur) apinian d	leath accu	rred an th	e date and h	our and f	am the	causes state	ed
		226 SIGNATURE			arier death	^	DEGREE	TENIDING	115016		TACC		c. DATE		005
1		Jel /	15	Com	<u> </u>	m	J A	TENDING HYSICIAN	DIRECTO	OR PHY	SICIAN [L	ec.	19,1	985
		Deft	NAME (TYPE		owen r	10	22e ADDRESS	Th	57	· F	nera	ch	17/1	0	
	23a. B	URIAL, CREMATIC SPECIF Buria	N, REMOVAL		Dec. 13c N 1985 Pa		emetery or co				ille,		- 4	-	TE
2	24 FU				nphrey F			E So. DAY	FC 2	RESIST	A REG	STRARS	SIGNATI	JRE T	Carrier I
	300				Ave.Rock			A		- 1	0				

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After

MPORTANT: If them 21 is marked or them 18 shows



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1			STATE OF MARYLAND		" 12 / 1 / W
	1.	STATE	DEPART	MENT OF HEALTH AND MENTAL H	YGIENE O O	0 4 / / "
006037	/	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
W. VA		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MON	TH. DAY YEAR 26. SOURS
y be			bridge Lut		11/28	180 AM
B B B	1.5E)		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS AST BIRLING	MONTHS DAYS HOURS MIN.
98		Male	White	Jan. 19, 1900		YRS.
E 00 26	7a. 81	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR CO	
de de de	10.61	Md.	U.S.A.	WIDOWED DIVORCED [120. USUAL OCCUPATION	TAIL
i i i i	10 C1			TADDRESS HOTIAL Hospital		
S A MA	1	Frederick	OR OTHER INSTITUTION GIVE RESIDENCE BEFO		farmer	larm owner
24 ho		Md. Fre	JNTY 136. CITY OR TO		13e STREET ADDRESS / ZIF	La. 21758
4 16 71 77	4 FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N		LAST
p # 1 / 1/2			LVIN PRY	ETTA	SARAH	ARNOLD
2 7 7 1			RMED FORCES? 166 SOCIAL SEC		ADDRESS	Md.
Pe Pe		140	214-36	-0043 Richard L	Pry. Ann	Burkittsville,
hy he he he he		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	only one couse per line for (a), (b), o	ndici pin / Thois	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ng ph Son pr remo	-		ATE CAUSE TO ME ! C'EL	relect when	ever	3-aroun
endir corb n, or motid			DUE TO, OPLAS A CONSECT	JENCEJOF /		
ne deot emave c mation,		Conditions, if ony, which gove rise to immediate	(b) 4 1) (UD		
that the death 4 by the ottend ease remove co o), cremation, or		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQU	JENCE OF		
se the	-	PART 2 OTHER SIGNIFICANT	(c)	DEATH BUT NOT RELATED TO THE TE	PMINAL DISEASE OR CONDITION	ON GIVEN IN PART 110
quir sign Then to b	Z	THE GIVEN OF THE CANAL	CONDITIONS CONTINUO INC	DENTI DOTTION RECOVED TO THE RE	WIN THE DISEASE ON CO. TOTAL	ON ONE IN INVIANO
beer mit.	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED		LIFYES, WERE FINDINGS USED
- See s	TF		SE STEEL STATE		YES NO	YES NO
PHYSICIAN: The ending physicion this certificate he buriol-tronsit p ad Mentol Hygien don't tem 18 sheking them.	H.	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCI	URRED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)
ICIA g pt g pt intol	18	OR CONTRIBUTING CAUSE OF D	EATH	19		
PHYS endin	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM ETC.)	CITY OR TOWN	COUNTY STATE
NG otter	1	WHILE ON NOT WHILE OF AT WORK		12/10	- 1	1000
NDI or			pital) attended the deceased from	0 1724 198) to	25 19 8 2, that (I) (we) lost
Sprite Sprite CTO d for d for m 21		saw the deceased alive o obove, (I) (we) (did) (did o	on view the body of his death		on death occurred on the dafe o	and hour and from the causes stated
OR he ho DIRE		22b. SIGNATURE	Strolen	DEGREE	MEDICAL STAFF	121 DATE SIGNED
by the ERAL Store details.		22d, PHYSICIAN'S NAME CTYPE	o wylee		DETRECTOR PHYSICIAN	0 1/8/0
O HOSPITAL efoined by the TO FUNERAL should be det with the Stote			S. Hughes		k, Md. 2170)1
show with	230 0	TURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATOR		
	138 E	IUNIAL, CREMATION, REMOVA	L ZOU DATE ZOU	INVAL OF CEMETERS OF CREWATOR	T ZSU. LOCATION	

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Thompson Funeral Home

BP.

Pleasant View

Md. Cem. Burkittsville

250 DATE REC D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

ADDRESS 21769 Middletown, Md

was risely jurglable

.cuapinabeta TRIPPO DESILE - A TRIPLET Ladie of Laire will be broken as a state of Strick . Ered. 1018 Lee's La. 21758 oth-3f-coles Richard L. Dry MRE Horid Whereline. International Control ## 11201 L 7514 F 150 issist Pacific Place of West West Wille Pres Mills Pres Mills . The contract of the same and the contract of the contract of

FOR

REGISTRAR

FIRST

4. RACE

W

Fannie

DECEASED NAME

- STATE

(TYPE OR PRINT)

3. SEX

F

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REG. NO LAST 20 DATE OF DEATH MONTH YEAR 2h HOUR 12-26-85 Mann 9:40am 6. AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS MONTH DAY YEAR DAYS 94 BALTIMORE CITY OR COUNTY OF DEATH

176 KIND OF BUSINESS OR

INDUSTRY

TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED | Frederick, M.D. IL PHYOR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION (IF NOT IN SLICH FACILITY GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE Frederick Citizens Nursing Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 13b. COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS?

MIDDLE

E.

Homemaker 13e STREET ADDRESS M.D Frederick NO DX 6429 Mountaindale Rd YES [Thurmont 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST

MIDDLE FIRST MIDDLE Henry Mcfadden Alice Cromer 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Mountaindale (YES NO OR UNKNOWN) HE YES GIVE WAR OR DATEST Thurmont . Md No 215-261267 Violet G. Rice

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per fine for ja), (b), and ici. PART I. DEATH WAS CAUSED BY: cheunor IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0

190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY?

IN CERTIFYING CAUSES OF DEATH?

NO F 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) PM

21d. INJURY OCCURRED 21s PLACE OF INJURY 211. LOCATION COUNTY STATE AT HOME STREET, FACTORY OFFICE FARM ETC.) STREET CITY OR TOWN NOT WHILE

220.1 certify that (1) (this hospital) attended the deceased from 2-24-8510 and that in (my) (aur) apinian death accurred on the date and have and from the causes stated

PHYSICIAN PIRECTOR PHYSICIAN 22d PHYSICIANS NAME (TYPE OF PRINT) 22ª ADDRESS

DEGREE

ATTENDING

MEDICAL

23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 236 DATE 236 LOCATION CITY OR TOWN 12/28/85 Spring Grove Pa. Lemasters Frankl 25a. DATE REC

DHMH - 16 50M 4/B2 (VRA 15, 4)

226 SIGNATURE

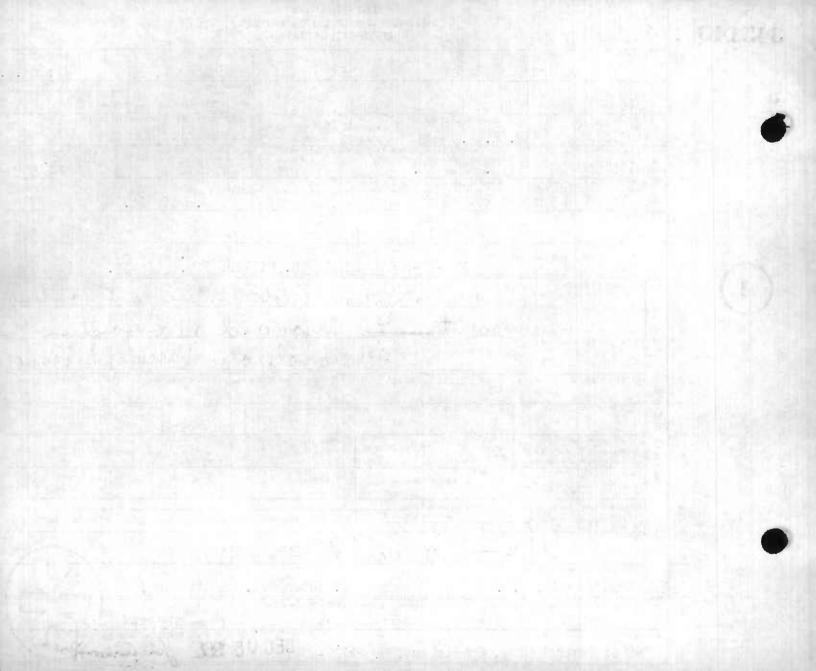
Mercersburg . Pa.

REGISTRAR 256. REGISTRAR'S

STAFF

22c DATE SIGNED

(VR A 15 (4))



	1,	FOR			DEPA		OF MARYLAND EALTH AND MENTAL HYG	SIENES :	3	4/	11
365099	1	REGISTRAR				CERTIF	CATE OF DEATH		REG. NO.		
# # # # # # # # # # # # # # # # # # #	I. DE	CEASED NAME OR PRINT)	Lara Lara	erov	MIDDLE	N	MYERS	20 DATE OF		DAY SEAR	26 HOUR
tor. pog	3. SE	× Male .		ORACE Neg	ro	5 DATE C	F BIRTH DAY YEAR 13 36	6 AGE (IN YE	ars Last Birthday) / 5 9 YRS	IF UNDER 1 YE	AR IF UNDER 24 HRS
eoth. Pog		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland		76 CITIZEN OF WHAT COUNTRY?		MARRIE	8 MARRIED A NEVER MARRIED WIDOWED DIVORCED		P BALTIMORE CITY OF COUNTY OF DEATH Frederick County		MD
rs ofter d	1	Frederick		Fred	erick I	emorial	ROTHER INSTITUTION Hospital	120 USUAL C	OCCUPATION FOR MOST OF WORKING borer	12b KINI	of Business or RY
24 hou	13a M		13b COUNTIES Fred	other institution ity erick	13c CITY OR T	OWN			DDRESS / ZIP COI Lincoln A	pts	21701
sted with		John	W	esley	Mye		15. MOTHER'S MAIDEN NA. Christi		Isabelle		iggus
on onder		VAS DECEASED EVER YES NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	166 SOCIAL S 219-20		Genevieve M	yers,	6°Carver Frederic	k, Md.	
h certificate ding physici orbon pope or removal.		PART I. DEATH W	AS CAUSE	Ď BY E CAUSE (o)	Cent R AS A CONSE	nel c	prea		V.	BETWE	ÖXIMATE INTERVAL EN ONSET AND DEATH
hot the deot by the otten ose remove c I, cremotion, other troumo		Conditions, if ony, gove rise to imm couse (a), statin underlying couse	nediote g the	(b)	S/a/	es ex	Mepticus				
requires t	NOI	De	liviu	un	freme	ns	NOT RELATED TO THE TERM				
he low on. hos bu	CERTIFICATION	190 DATE OF OPERAT			ne	IICH OPERATIO	N WAS PERFORMED	200 AUTO	NO IN CERT	YES 🗌	NO [
HYSICIAN: Ti ding physicia is certificate buriol-transit Mental Hygi	MEDICAL CE	216 ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIB	AUSE OF DEA	HOUR A.	M. MONTH M.	DAY YEAR	21¢ HOW INJURY OCCURI	RED (ENTERNA	TURE OF INJURY IN ITEM 18	3 PART I OR PART)
NG PHY ottendia frer this os the bu	MED	21d INJURY OCCURE WHILE NOT WH AT WORK AT WOR		21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFF	ICE, FARM, ETC.)	211 LOCATION STREET		CITY OR FOWN	COUNTY	STATE
ATTENDE spitol or CTOR: A I for use of Heolin		220.1 certify that (1) sow the decease obove (1) (we) (0				9 <u>85</u> , an	d that in my (our) opinion	deoth occurred	12/2/ d on the dote and he	, 19 our and from t	the (l) we) lost he couses stated
TTAL OR, by the how the how the both of the DIRE defached the Dept		77% SIGNATURE	14	Japha	hon	n	The state of the s	MEDICAL DIRECTOR [STAFF PHYSICIAN	220 DA	TE SIGNED
TO HOSPITAL of retoined by the TO FUNERAL (should be defount the State (in) EDECT of the State (in) ED		PHYSICIAN'S A	Corp	haels	m i	KIO	4 W 7	74St	Freke	nele	Mo zr.
BP	230. 8	BURIAL, CREMATION, (SPECIFY) Burial	REMOVAL	236. DATE Dec. 27			metery or Crematory	Pop.	TION PRIOWN Lar Sprin	gs. Hov	ard. Md.

25. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR Molesworth, P.A. ADDR Damascus, Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

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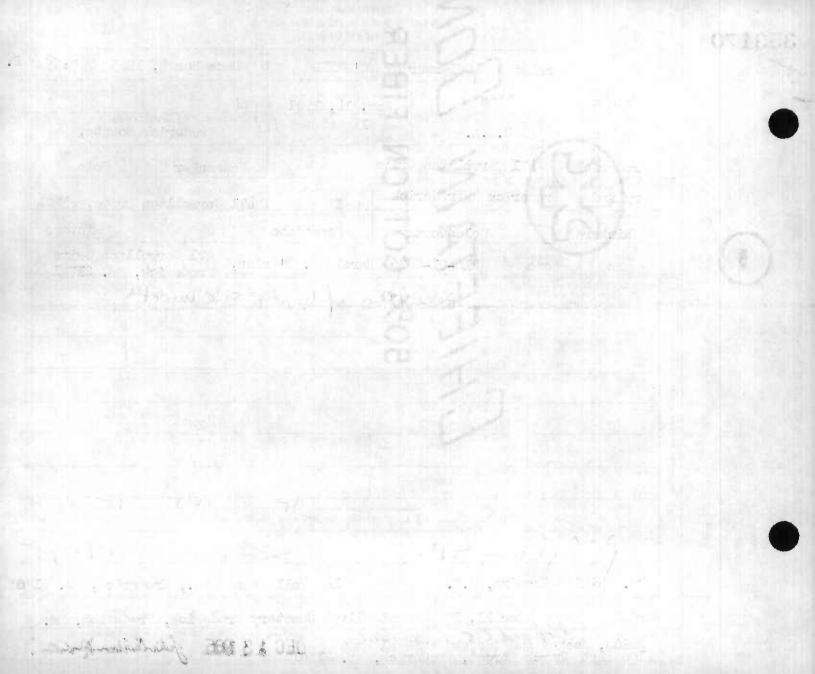
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etal Me. M. 185 to en politic to the color feri to be land, it is 1 m . . cranceta, c. ., Delencer, ed. . . Ulbill place de la company de la company de la company de la company

3	531	17
3:	AL OR ATTENDING PHYSICIAN: The low requires that the death certifical and an enthing 24 hours offer death. Page 4 may be the hospital an offending physician.	at DIRECTOR: After this certificate has been signed by the ottending phys and the following the funeral director, page 3
	deithin 24 hours ofter	ly filled in by the
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	h certification execution	ding phys
ORDS, 201 W. PRESTO	requires that the deat	sen signed by the atten
ISION OF VITAL REC	AL OR ATTENDING PHYSICIAN: The low the hospital ar attending physician.	this certificate has be
Ald	AL OR ATTENDING the hospital or at	AL DIRECTOR: After

3170	1 -	FOR STATE REGISTRAR	DEPARTA	MENT OF I	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO		4 /	1 3
ooge 3		CEASED NAME FIRST Ger	aldine Goldswo		O'BRIEN	December 8, 1985 7:55			
ge 4 may ector. po rs offer d	3. SE	Female	White	S. DATE O		6 AGE IN YEARS LAST BIRT		FUNDER LYEAR	IF UNDER 24 HRS
neral dire		RTHPLACE (STATE OR FOREIGN COUNTRY) Haryland	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED DIVORCED DIVORCED			P BALTIMORE CITY OR COUNTY OF DEATH Frederick County, MD.			MD.
by the fu	10 C1	TY OR TOWN OF DEATH Frederick	11. NAME OF HOSPITAL, NURSIN LIPPOT IN SUCH FACILITY GIVE STREET LIPPOT IN SUCH FACILITY GIVE STREET	120 USUAL OCCUPATION OF WORK FOR MOST OF HOMEMAKE:	F WORKING LIFE)	126. KIND O INDUSTRY Hom	OF BUSINESS OR		
Med in State of the state of th	USU/ 13a. S	AL RESIDENCE (15 NURSING HOME OF LATE 136 COU	r other institution give residence before ederick 13c. Gtreet		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS /		Drive,	21701
A A	14 FA	THER'S NAME FIRST Richard	Goldswort	hy	15 MOTHER'S MAIDEN NAM Genevieve	WIDDLE		Wi	hters
Big /			RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 216-01-8		Informant Harold P. 0'Bi	rien, LADDRE	ss Carrol orick	lton D	rive
equires that the about a signed by the attending then please remove carbourd, cremation, or burid, ar other traumatic	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE b)	ence of	NOT RELATED TO THE TERM	inal disease or coni	DITION GIVE	N IN PART 1	0
an, has beer t permit	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?		WERE FINDING CAUSES	
ICIAN: 1 g physici ertificate ral-transit intol Hygi tem 18 sh		2 a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH D.	AY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM TB PAI	RT : OR PART 2)	
attendin iter this of is the bur h and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, I	FARM, ETC.)	214 LOCATION STREET	CITY OR TO	NN	COUNTY	STATE
spital ar STOR: Affar use of Health		220.1 certify that (1) (this hasp	otton) attended the deceased from 19 \$\frac{1}{2} \rightarrow 19 \$\frac{1}{2} \rightar	<u> </u>	nd that in (my) (oot) opinion o	, todeath occurred an the do	ite and hour		that (f) (we) lost couses stated
TAL OR A Y the hor RAL DIREC detached lote Dept VI; If them		22b. SIGNANIRE	in top.		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		22c. DATE	SIGNED
etained by to FUNERAL should be det with the State MADORTANT:		Dr. Phillip				House Ave.,	Frede	erick,	Md. 2176
BP		BURIAL, CREMATION, REMOVA BURIAL	236. DATE 236. Dec 11, 1985 N		CEMETERY OR CREMATORY Olivet Cemete	23d. LOCATION CITY OF TOWN Trederic	k, Fre	county	state Md.
OHMH - 16 60M 7/84 (VRA 15, 4)	24. FI	Smith Keene	and Basford Trede	ie fal ie al	250 DATE 217 (1) EC	REC'D. BY REGISTRAIN	Juliet	widon A	and the



TO FUNERAL DIRECTOR: After this certificate has been all should be detached for use as the burial-transit permit. The with the State Dept. of Health and Mental Hygiene prior to

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

IMPORTANT: If Item 21 is

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

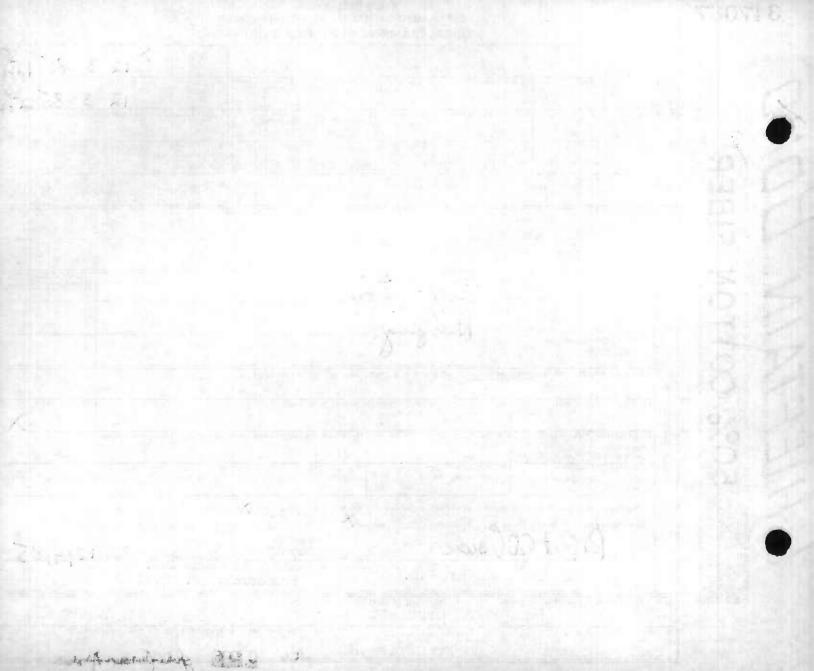
4	112 010 1111 111					
1	I. DECEASED NAME FIRST	T	IDDLE	LAST	20. DATE OF DEATH MONTH	H DAY YEAR 26. HOUR
1	(TYPE OR PRINT)	265 6	= PEN	DLETON	12	16 85 112 A.
ŀ	3. SEX	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
4			MON		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MONTHS DAYS HOURS MIN.
4	Male	White	Janu	ary 5, 1930	54	YRS.
4	74 BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF V	VHAT COUNTRY? 8	ED NEVER MARRIED	9. BALTIMORE CITY OR CO	UNTY OF DEATH
λ	COUNTRY)	US			Frederick C	ounty.
4	M. CITY OR TOWN OF DEATH		OSPITAL, NURSING HOME		12g USUAL OCCUPATION	126 KIND OF BUSINESS OR
A	M. CITT OR TOWN OF DEATH		FACILITY, GIVE STREET ADDRESS)	OK OTTER INSTITUTION	TYPE OF WORK FOR MOST OF WORK	
	Frederick		ick Memorial		Mechanic	Automotive
7	USUAL RESIDENCE (IF NURSING HO		GIVE RESIDENCE BEFORE ADMISSION	1 13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP	CODE
7		ederick	Brunswick	YES NO		Street / 21716
1	14 FATHER'S NAME	ederick	DIUUSWICK	15. MOTHER'S MAIDEN NA		Street / Zirio
4	FIRST	MIDDLE	LAST	FIRST	MIDDLE	LAST
4	Edward	Walter	Pendleton	Mary	Elizabet	
1	160 WAS DECEASED EVER IN U.S.	S. ARMED FORCES? ES, GIVE WAR OR DATES!	166. SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS 1	.04 W. "C" St.
1	No	ES, OTTE WAR ON DATES!	578-40-0354	Andrey F Per	ndleton - Brun	swick, Md. 21716
ı	18 CAUSE OF DEATH (Ent	ter only one course per		Take Take Take Take Take Take Take Take	THE COURT OF THE C	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEATH WAS CA	AUSED BY:	RESPIRATOR	1 ARREST		45
1	IMME	DIATE CAUSE (a)	1 001111111111	, ,,,,		73
1		DUE TO, OF	AS A CONSEQUENCE OF	6004515	MOVINGE	6 nos
1	Canditians, if any, which		pulnontry	ABROSIS,	אוועעוו	0 1005
1	gave rise to immediat		AS A CONSEQUENCE OF			
1	underlying cause las	<u>it.</u>				
1	PART 2 OTHER SIGNIFICA	ANT CONDITIONS CO	NTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITIO	N GIVEN IN PART Ha
1	2 0					
Н	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	196 CONDI	TION FOR WHICH OPERATION	ON WAS PERFORMED	IF YES, WERE FINDINGS USED	
4	Ä				CERTIFYING CAUSES OF DEATH?	
Н	21g. ACCIDENT WAS UNDERLYIN	IG 21b, TIME O	E IN I I I IDV	133, HOW INTURY OCCUPY	YES NO	YES NO
	OR COMPRISION CAUSES		M. MONTH DAY YEAR	21t. HOW INJOK! OCCOR	RED (ENTER NATURE OF INJURY IN ITE	EM 18 PART (OR PART 2)
	(IF EITHER NOTIFY MEDICAL EXA		۸. 19			
1	21d INJURY OCCURRED	21e. PLACE C		211 LOCATION	CITY OR TOWN	COUNTY STATE
	WHILE NOT WHILE T	[AT HOME, STRI	EET, FACTORY, OFFICE, FARM, ETC)	SINCE		
1	22a certify that (1) this	harnital) attended the	Hacanest tram	10/13 10 78	12/16	1905 tha (1) (we) last
1	saw the deceased aliv	11	111	and that in (my) (our) apinian	death accurred on the date on	nd have and from the causes stated
١	abave (IN/we) (did) (did)	id not view the bady			acom accorded on the date on	
	22b. SIGNATURE	1000	^	DEGREE ATTENDING	MEDICAL STAFE	226. DATE SIGNED
,		Jugo	uer	PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN [1 1 10/83
	22d. PHYSICIAN'S NAME	TYPE OR PRINT)		22e ADDRESS	ika	- 21711
1	() MY	NE AZ	LGHER	DEUN	SWICK, 11	D. 21116
1	23a BURIAL, CREMATION, REMO	OVAL 23b. DATE	23¢ NAME OF	CEMETERY OR CREMATORY	23d LOCATION	
	(SPECIFY)	12/10/			CITY OR TOWN	COUNTY STATE
	Burial 24 FUNERAL DIRECTOR	112/19/	ob Parkla	wn Mem. Park	ROCKY 110	Montgomery, Md.
	NAME	7	ADDRESS	DE	DO MOS LA	Kills Borde 10
	John T. Willia	ams Funera	L Home Brunsw	ick, Md. JUC	UAS EST	DESTRUCTION A P. S.

PERSONAL TELL TO TE TO AT TELL A WILLIAM THERET THEORY

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DECKS BY Joseph March

STATE OF MARYLAND 347067 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO I. DECEASED NAME 2e. DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED CHARLES RENNER, SR. DAVID 4. RACE IF UNDER 1 YR IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED 51 34 DEAD WHITE 10 01 MALE O BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! FREDERICK USA DIVORCED X MARYLAND WIDOWED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY FREDERICK CARPENTER CONSTRUCT FREDERICK MEMORIAL HOSPITAL ISUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) MD. 21201 13n. STATE 1136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 12337 Warner Road FREDERICK LADIESBURG MD 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Pearl Brown roland samuel renner Sr. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Ladiesburg, MD (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) ROLAND S. RENNER 12337 Warner Rd. VIETNAM YES 217-56-1420 18 CAUSE OF DEATH (Enter only one cause per for in BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENT lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? DIVISION OF VITAL DEPARTMENT COPPED TO PRIOR TO BUR 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 214 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR LINDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE COUNTY AT WORK NOT WHILE AT WORK PAGE 4 SHOULD BE TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE ST. RALTMORE, MARYLAND, 2 Inspection 22a I certify that I taok charge of the remains described above, held an Autopsy and in my apinion Inquiry Hamicide ___ Undetermined manner TITLE (SPECIFY) Deputy 812 Toll House Ave. EXAMINER'S NAME Robert J. Thomas, M.D. Frederick, Md. 21701 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23b DATE BURTAL Rocky Ridge Frederick MD 12/06/85 07/B4 BP 25M 24 FUNERAL DIRECTOR G. Douglas Stauffer 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Opossumtown Pike Frederick, MD (VR A15 ME (5))



retained by the hospital or attending physician.

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26		REGISTRAR DAVID	S. RH	OADS			REG. NO		
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11		Na	T4 RACE	7	1	round	6 AGE (IN YEARS LAST BIRT	12 16 8	7
7	3. SE)	Male	Whit	. 6	5. DATE C	DAY YEAR	81		DAYS HOURS MIN.
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04	Fr	rederick	Frederic	SPITAL, NURS	ING HOME C	ospital	120 USUAL OCCUPATION OF THE SELF EMPLO		IND OF BUSINESS OR STRY rigeration
35	USU/ 130. S Ma	L RESIDENCE IN NURSING HOME TATE 136 CO. ryland Car	OR OTHER INSTITUTION & UNITY	Sykesv	WN_	13d. INSIDE CITY LIMITS? YES	13. STREET ADDRESS / 4200 Jim Bo	ZIP CODE Road	21784
61	-	THER'S NAME FIRST Aaron	WODIE	Rhoa	ads	15. MOTHER'S MAIDEN NA	AMIDDLE	Sny	rder
5		AS DECEASED EVER IN U.S.		66 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRE		W
1		NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES]	188-10	-3885	David Rhoads	s Same	as 13e	
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9		2)0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	ZEALLI .	. MONTH	DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I ORPA	RT 7)
/	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE O			211 LOCATION STREET	CITY OR TO	vn coun	NIV STATE
		220 I certify that (I) (this ho saw the deceased alive above, (I) (we) did) (did	on /2-1	le 10	1.75	nd that in (my) (our) opinion	deoth occurred on the do	te and hour and from	m the causes stoted
		26 SIGNATURE L	8./2	mel.	0		MEDICAL STAF		2/16/15
IMPORTANT		APTANK		NACO.		1	accey, m	DUNNIA	, mp. 2(7)
	- (URIAL, CREMATION, REMOV SPECIFY) Burial	23b. DATE 12/19/			ion's Church		Leban	
M 7/B4	Ge FI	orge J. Gonce	4001 Ri	tchie	igwy Ba	alto Md 250 DAT	EC 20 1985	PERISTRANSIAN	Southenance

STATE OF MARYLAND

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It is filled in by the funeral director, page 3 nould be filed within 72 hours after death

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ATTENDING PHYSICIAN The law requires that the death cert

TO HOSPITAL OR ATTENDING PHYSICIAN The retained by the haspital or attending physician.

TO HOSPITAL

BP.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR CERTIFICATE OF DEATH											
		CEASED NAME	FIRST		AIDDLE		LAST	. Za			DAY YEAR	26 HOUR	_
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	3. SE)			4 RACE		S. DATE C	OF BIRTH	6 A	GE (IN YEARS LAST BIRTH		FUNDER I YEAR	IF UNDER 24 HRS	_
		Female		White	2	Sept	9 1911 YEAR		74	YRS	ONTRS DATS	HOURS MIN.	
1		O BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT		WHAT COUNTRY			9 B	9 BALTIMORE CITY OR COUNTY OF DEATH					
2	Maryland			77 (7 4		WIDOWED DIVORCED		Frederic			М	_	
1	/ (IFNO			E OF HOSPITAL, NURSING HOME OR OTHER INSTITUTIO				USUAL OCCUPATION PEOF WORK FOR MOST OF		12b. KIND OI INDUSTRY	F BUSINESS OF	2	
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				Frederick Memorial Hospital		lospital		seamstre	SS	industry	ory		
5	13a S	TATE	CE IF NURSING HOME OROTHER INSTITUTION GIVE RESIDENCE BEFORE 13b. COUNTY 13c CITY OR TOWN 1 Frederick Myersvil		MM	13d INSIDE CITY LIMITS?		STREET ADDRESS / Harp Place	ZIP CODE CE	21773			
V	14 FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN	NAME	WIDDLE	8-17	mm al AST		
Ç		renzo_	5		Miller		El Íen		Frances		Klíp	Р	
		160 WAS DECEASED EVER IN U.S. AR. (YES, NO OR UNKNOWN) (IF YES, GIV		MED FORCES?	16b SOCIAL SEC		17 INFORMANT		5 Harp P	lace			
	No	Contractor			215-26-	7973	7973 John Hipkins		Myersville, M		D 21773		_
H		18 CAUSE OF DEATH	H (Enter of	nly one couse per	er line for (a), (b), and (c)						BETWEEN	MATE INTERVAL DISET AND DEATH	
ä		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ca Color & Met)									_		
		DUE TO, OR AS A CONSEQUENCE OF											
		Canditians, if any, which (b)										_	
		gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF											
		underlying cause last.											
	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN								EN IN PART 110			
1	CERTIFICATION	4 19a DATE OF OPERATION		196 CONDITION FOR WHICH OPERATION WAS PERFORMED			1:	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED				-	
L	IFIC								YES TI NOT	YING CAUSES	ING CAUSES OF DEATH?		
	CERI	210. ACCIDENT WAS UND	ERLYING [216 TIME O			21c HOW INJURY OCC					,	_
7		OR CONTRIBUTING C		DEATH HOUR A.M. MONTH DAY YEAR									
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		sow the decease above ((1)) we) (d	d olive or	t) view the body	after death.	85,0	nd that in (my) (aur) apinio	ion deot	h accurred on the do	te and hour	and from the c	couses stated	
		22b SIGNATURE DEGREE							22c. DATE S	1 1			
1		Michel Behal				ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN (12)						Ī	
I	22d. PHYSICIAN'S NAME (TYPE OR PRINT)			220 ADDRESS Middletons, Md 21169			160	,					
										9 41	101		
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	74 AF1	Burial	1	DEC. IC	,1909 [1]	21011							_
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Myersville, MD

DHMH - 16 60M 7/84 (VRA 15, 4)

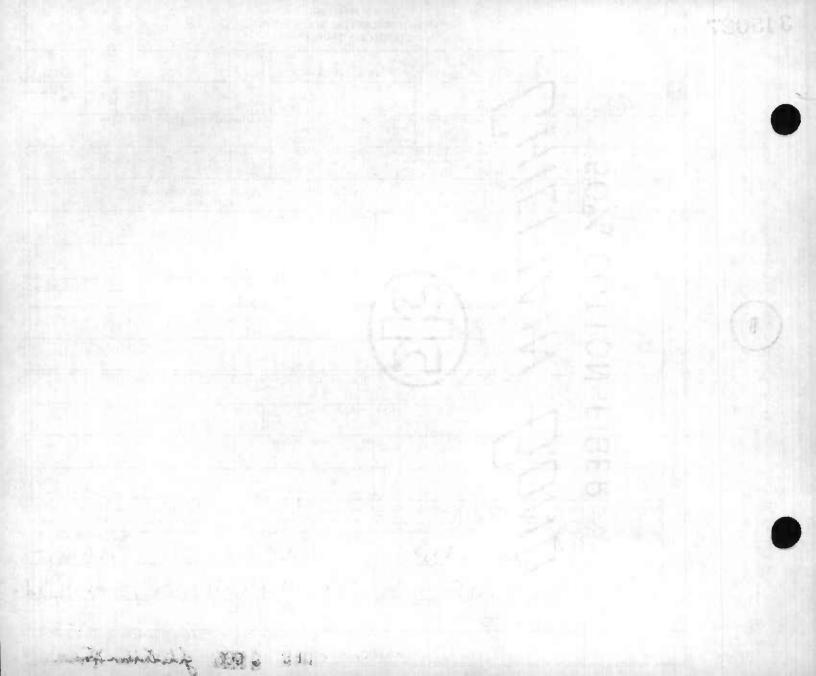
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending should be detached for use as the burial-transit permit. Then please remove carbo with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar re

injury, or other troumatic

IMPORTANT: If Hem 21 is marked or Hem 18 shows any

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		REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO.		
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OR ATT OR ATT DIRECTO Sched fo Dept. of them 2		226. SIGNATURE	ia) (ala nor	view the body	offer deoffi.		DEGREE			22c DATE SIC	GNED
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201



Midatateswn, Md.

24 FUNERAL DIRECTOR

Thompson Funeral Home

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

5	5	3	4	1	3

Julia Davidson Pandal

I DE						REG. N			
	CEASED NAME FIRST		WIDDLE	L	AST	20 DATE OF DEATH	MONTH I	DAY YEAR	26 HOUR
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	Frederick	11. NAME OF I	HOSPITAL, NURSING HEACHTY, GIVE SPEET ADD LETICK EMC	HOME CORESSI Orial	Hospital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O COAL M	OF WORKING LIF		OF BUSINESS O
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106 East Church St., Frederick, Md. 21701

DHMH - 16 60M 7/B4 (VRA 15, 4)

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3	S m ≥ E B		18 CAUSE OF DE	ATH (Enter ar	nly one cause per line	fgg(a), (b), and (c).)	1	1 . 0	A .	1	APPROXIMATE BETWEEN ONSET	INTERVAL
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STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 364149 - STATE REGISTRAR REG. NO 1. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) 1985 SAVAGE DEATH MATED David Kenneth 4. RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS 2d. HOUR DATE YEAR LAST BIRTHDAY) RONOUNCED 20, 1952 DEAD Male White May To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Frederick County. Maryland DIVORCED X LOCATION OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) I-70 East- Old Weigh Station Frederick Carpenter Construction | 13d. INSIDE CITY LIMITS? | 13e. STREET ADDRESS | 150. South Clifton Road/ 21714 13b. COUNTY Braddock Hgts Frederick Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME M. Frank Samuel Savage Greta Kenneth 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT Frederick, Maryland 21701 (YES, NO, OR UNKNOWN) Greta M. Poole, 10501 Old Annapolis Road 215-52-6855 Yes Unknown 18. CAUSE OF DEATH (Enter only one cause per in far (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gave rise to immediate cause (o) stating the under DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1301 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21 LOCATION FACTORY, FARM, ETC.) WHILE AT WORK PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2 220. I certify that I took charge of the remains described above, held an Autopsy and in my opinian Suicide X death resulted for Natural causes Accident Homicide Undetermined manner TITLE (SPECIFY) DATE 12-16-85 M.D. Deputy MEDICAL EXAMINER 812 Toll House Ave. EXAMINER'S NAME Robert J. Thomas, M.D. Frederick, Md. 21701 TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236, DATE 23d. LOCATION 12/17/85 Cremation Smithsburg Crematory Smithsburg, Washington, Maryland 07/B4 BP & Basford Funeral Home **DHMH - 17** Church St., Frederick, Maryland 21701 (VR A15 ME (5))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1-	STATE REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO).		
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F		RTHPLACE (STATE OR FO	reign 71	U.S.A.	VHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED DIVORCED		lerick	Coun	ty,	MD.
4	95	ty or town of deat rederick	н 1	(IF NOT IN SUCH	OSPITAL, NURSING FACILITY, GIVE STREET A ICK Memor	(DDRESS)	or other institution lospital			WORKING LIFE	E) INDUSTRY	of Business or ral Gov't
5	13a S	AL RESIDENCE (IF NURSIN TATE ryland	36 COUNT		GIVE RESIDENCE BEFORE 131. CITY OR TOWN Frederi	N	13d INSIDE CITY LIMITS? YES NO 🔀			zip code rboar		21701
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1		VAS DECEASED EVER II (ES. NO OR UNKNOWN) YES		NED FORCES?	212-09-9		Mrs. Eurath	Selckm	8546 ann,	SFing Frede	erboardrick,	d Road MD. 21701
		18 CAUSE OF DEATH PART I. DEATH WA Conditions, if any, gave rise to imm. cause (a), stating	AS CAUSED MMEDIATE which ediote	DUE TO, OF	AS A CONSEQUE	NCE OF	Myperlis	info	situ		APPRO) BETWEEN	MATE INTERVAL ONSET AND DEATH HONSET AND DEATH
		underlying cause	last.	(c)_			NOT RELATED TO THE TERM	NINAL DISEAS	E OR CONI	DITION GIV	EN IN PART 1	(a)
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5	1000	210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEAT	HOUR A./	A. MONTH DA	Y YEAR	21c HOW INJURY OCCURI	RED (ENTER N.	ATURE OF INJUI	RY IN ITEM 18 P	PART I OR PART 2)	ı.Li
1	MEDICAL	21d INJURY OCCURRE		21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
		22a I certify that	/	12/2	deceased from		nd that ay my) aur apinion	death accurre	rd of the do	and hau	r and fram the	that (1) we lost

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

DHMH - 16 60M 7/84 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL 236. DATE Burial Dec. 6,1985

Robert L. Kaufmann, MD

23¢ NAME OF CEMETERY OR CREMATORY St. Joseph's Cemetery

PHYSICIAN A

MEDICAL STAFF DIRECTOR PHYSICIAN

804 Tollhouse Ave, Frederick, MD. 21701

23d LOCATION
CITY OR TOWN
Buckeystown, Frederick,

22c. DATE SIGNED

106 E. Church St., Frederick, MD. 21701

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3476	- 765	1 -	FOR STATE REGISTRAR			DEPART	MENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	ENE 3	S 3	4	191
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			AS DECEASED EVER ES. NO OR UNKNOWN) NO		MED FORCES?	166 SOCIAL SEC 219-07-0		Mrs. Geraldir	ne J. S	ADDRESS 129 helton F		th St. ick, Md.21
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HOSPIT to med by	# ff # 5		Julio					220 ADDRESS Parkview Med.	. Cent.	Frederick	, Md.	21701
7 te	14		URIAL, CREMATION	, REMOVAL	23b. DATE	23c.	NAME OF	EMETERY OR CREMATORY	23d LOCAT	ION R TOWN	COUNTY	STATE
RP		- '	Burial	7	12/9/	85 G1	ade C	'emeteru		rsville. F	rederi	ck. Md.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR & SIGNATURE

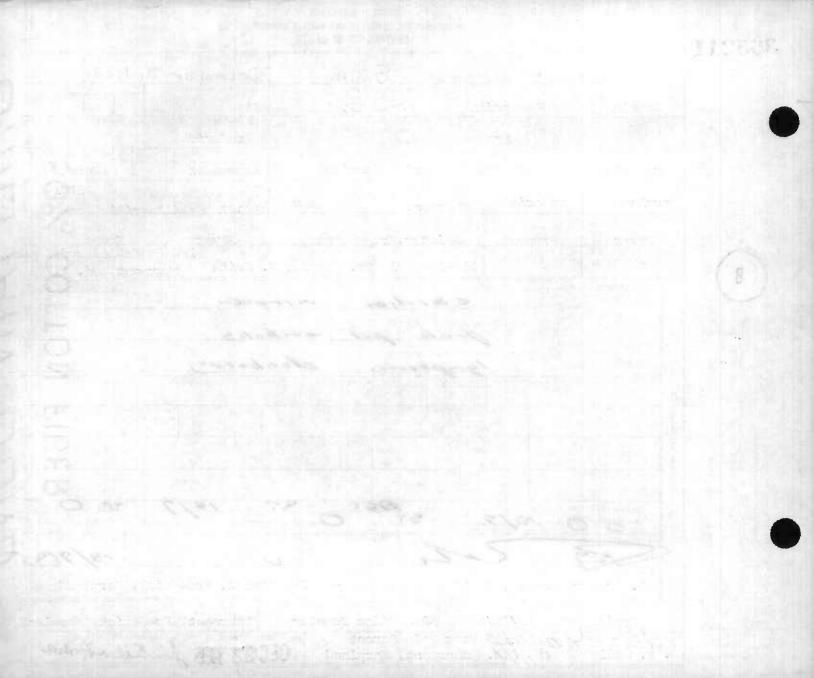
JULU 1 1 1985 Julia Davidson Randase.

74 FUNERAL DIRECT CONTROL Market St.
R. E. Dailey & Son, P. A. Frederick, Md. 21701

DHMH - 16 60M 7/84 (VRA 15, 4) (VRA 15, 4)

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144		ty or town of death rederick	H 11.	NAME OF H	HOSPITAL, NURSIN HEACHITY, GIVE STREET ICK MEMOI	IG HOME	OR OTHER INSTITUTION	ION II	20 USUAL OCCUPATK TYPE OF WORK FOR MOST OF Homemaker		E) INDUSTRY	F BUSINESS O
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ta burial, cremati njury, or other tro	NC	gave rise to immed cause (a), stating	diate the lost	(c)	14mp4.	ENCE OF				DITION GIV	EN IN PART 110	
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moy be poge	3. SE	×	4. RACE	/1 /1	5. DATE O	F BIRTH		IF UNDER I YEAR	IF UNDER 24 HRS
ge 4		Female	Whit	te	Dec.	13 1888	97 YRS	MONTHS DAYS	HOURS MIN.
Poor Poor		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	□ NEVER MARRIED □	9 BALTIMORE CITY OR COUNTY	OF DEATH	
nerol di n 72 ho		tungary	U.S.	Α.	WIDOWE		Frederick Cour	ity.	MD.
by the fune filled within		rederick	(IF NOT IN SU	HOSPITAL, NURSING PACILITY, GIVE STREET A	ADDRESS)	ROTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HOMEMAKEY		F BUSINESS OR Home
filled in b ould be fill	USU 13a.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COL	ROTHER INSTITUTION		ADMISSION)	136 INSIDE CITY LIMITS? YES X NO	13. STREET ADDRESS / ZIP CODE 606 Biggs Avenu	ie/ 2170	
mpletely ond 2 sh	-	ATHER'S NAME FREST Isadore	MIDDLE	Kovacs		15. MOTHER'S MAIDEN NA/	A	LAS	
n ond co			RMED FORCES? IVE WAR OR DATES) NO	217-48-35		Mrs. Anna Lo	606 Biggs Avong, Frederick, M	enue Iaryland	1 21701
B		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	inly one couse per ED BY TE CAUSE (o)	BILA	TERA	re Preum	0N1A	BETWEEN O	HOURS
d by the columnical control of columnical control of columnical co		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	(c)	R AS A CONSEQUE	NCE OF				
ines igne igne buri	7		_				INAL DISEASE OR CONDITION GIV	EN IN PART 10	0
en s or to	Ē	SENILE	Demer			100 4 1 1	<u>6</u> E		
he low ion. hos be if permit	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATION	N WAS PERFORMED	IN CERTIF	, WERE FINDIN YING CAUSES S	
g physical graphicote ertificote itol-tronsis antol Hyggitem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	ALH	DF INJURY .M. MONTH DA .M.	Y YEAR	216 HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18 P.	ART I OR PART 2)	
ing physical contending when this contending the burning the orked or its	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	71e PLACE	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
Or Or Or Se o		220.1 certify that (1) (this has	ottended th	ne deceased from		-27 19 85	to 12 30	19 65	that (I) we lost

sow the deceased olive on 2-30 obove, (May we) (did) (did not) view the body after death. , and that in ((y) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR STAFF Dec. 30, 1985 DIRECTOR | PHYSICIAN | James Roessler, MD Church & Franklin Sts., Middletown, Md.21769

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/B4

(VRA 15, 4)

MPORTANT: If Item 21

Jan. 3, 1986 St. James Cemetery Burial 24 FUNERAL DIRECTORITH, Keeney & Basford Funeral Home 106 East Church Street, Frederick, MD. 21701

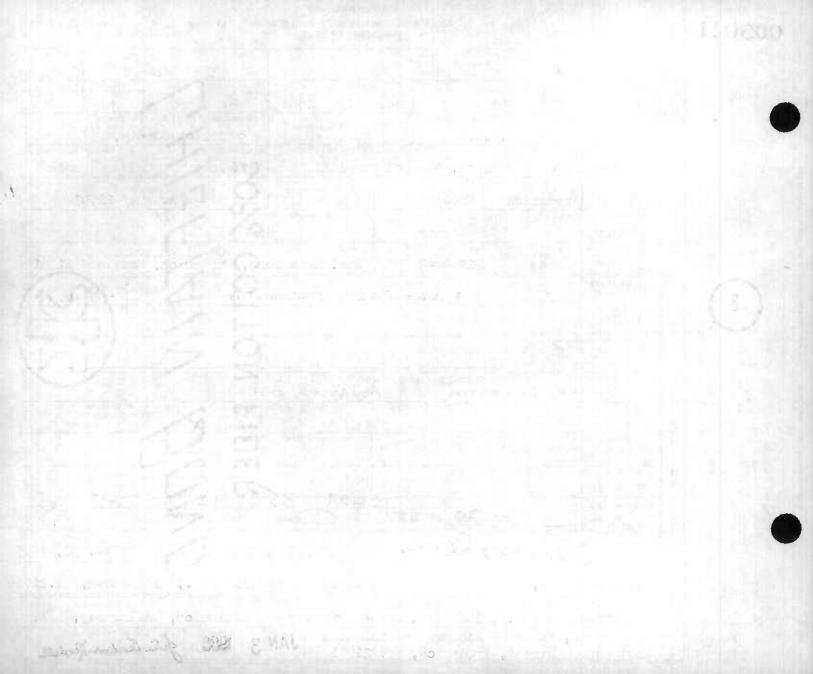
23a. BURIAL, CREMATION, REMOVAL 23b. DATE

(SPECIFY)

236 LOCATION Sewickley,

Allegheny,

259 DATE REC'D. BY REGISTRAR 256. BEGISTRAR'S SIGNATURE



2 353139

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR				CERTIF	ICATE OF DEATH	RE	G. NO.	1000		
I DECEASED NAME	FIRST	N	NDDLE	L	AST	20 DATE OF DEA	тн момтн	DAY YEA	R 26 H	HOUR
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Dorgot	Hy	MARGAR	ET.	SoWELL		12	5 8	5 9	7:07 M
3 SEX	4. RA	CE		5. DATE C		6 AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DA	EAR IF UN	NDER 24 HRS
temale		W	hite	01	11 17	68	YRS.			
To. BIRTHPLACE (STATE OR	FOREIGN 76 CI		WHAT COUNTRY?	8 MARRIE	D M NEVER MARRIED	9 BALTIMORE CI	TY OR COUN	TY OF DEATH	1	
Maryland		U.S.A	4.	WIDOWE		Freder:	ick Cou	inty		MD
Frederick			OSPITAL, NURSIN FACILITY GIVE STREET A LCK MEMOT		lospital	120 USUAL OCCU		LIFE) 126 KIN	D OF BUS	SINESSOR
USUAL RESIDENCE (IF NUR 130 STATE Maryland	13b COUNTY Freder:		GIVE RESIDENCE BEFORE 13c CITY OR TOWI Frederic	N	13d. INSIDE CITY LIMITS?	13 STREET ADDR	ESS ZIP CO	treet	2170	1
14 FATHER'S NAME	MIDDLE		LAST		15. MOTHER'S MAIDEN NA	ME	0.0			
Harry	MIDDLE	В.	Morgan		Ethe1	G.	ALE .	В	lank	
(YES, NO OR UNKNOWN)	IN U.S. ARMED I		217-10-0		17 INFORMANT Leroy Frede	L. Sowe			6th	Stree
Canditians, if any gave rise ta im cause (o), stati underlying caus	VAS CAUSED BY: IMMEDIATE CAI which mediate ng the e lost	USE (a) DUE TO, OF (b) DUE TO, O	Proposed SA CONSEQUE	NOTE OF	b chall	1 Is m	CONDITION G	3	ele	INTERVAL AND DEATH
19a DATE OF OPERA	TION	9b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN-CERT	YES, WERE FIN TIFYING CAU YES	SES OF D	
OR CONTRIBUTING (IF EITHER NOTIFY MED	CAUSE OF DEATH	P./	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE O	f injury in item ie	B PART I OR PART	2)	
21d INJURY OCCUR	THRE [1e PLACE C	OF INJURY EET, FACTORY, OFFICE, FA	ARM ETC)	21f LOCATION STREET	CITY	OR TOWN	COUNTY		STATE
			12/5 195		nd that in (my) (aur) apiman	death occurred on t	the date and he	our and from	the couse	II (ress lost is stated
77h SIGNATURE	buts	Sh	yrur			MEDICAL DIRECTOR PI	STAFF HYSICIAN []	120	15/	B
27d PHYSICIAN'S N	obert S.		es		700 Montclai	ire Ave.,	Freder	ick, N	id. 2	1701
230 BURIAL, CREMATION		2-9-8			EMETERY OR CREMATORY	23d LOCATION CITY OF TOV		ederic	k. M	STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR Smith, Keeney & Basford Funeral Home 250 DATE REC'D. BY REGISTRAR' 256 REGISTRAR'S SIGNATURE 100 East Church St., Frederick, Md. 21701

Lighted Taylor College THE LANS . . . 2/1/2 too also dan dan Trono . I voga CECU-01-712 Sunt On And S. D. Andrewski, John M. Alat ... (Activities Short of Paris . 11-1-15 reducing Concern Transmist, Ereducing No. The same of the sa

FOR - STATE REGISTRAR I. DECEASED NAME

Female

COUNTRY

Maryland

4 FATHER'S NAME

TO BIRTHPLACE (STATE OR FOREIGN

Pennsulvania

I CITY OR TOWN OF DEATH

(TYPE OR PRINT)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MONTH

WIDOWED X

CERTIFICATE OF DEATH

REG. NO 2a. DATE OF DEATH 2b. HOUR SPANGLER -/3-6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS December 17, 1895 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED [Frederick, NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Homemaker None

IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Frederick Frederick Memorial Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY Frederick

MIDDLE

18. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and ic

JESSIE

4 RACE

Caucasiah

USA

76. CITIZEN OF WHAT COUNTRY?

2551L

13d. INSIDE CITY LIMITS?

Isabell

13e STREET ADDRESS / ZIP CODE 910 Pine Avenue 15 MOTHER'S MAIDEN NAME

MIDDLE

21701

Charles W. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)

PART I. DEATH WAS CAUSED BY:

16b. SOCIAL SECURITY NO. 17 INFORMANT 214-10-3474D

ELIZABETH

Mr. Charles E. Spangler

910 Pine Avenue Frederick, Md. 21701

Hellane

IMMEDIATE CAUSE (0) Conditions, if any, which gove rise to immediate couse (a), stating the

underlying couse lost

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

Frederick

LAST

Gonso

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION

MEDICAL

216. TIME OF INJURY

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

HOUR A.M. MONTH DAY YEAR

IN CERTIFYING CAUSES OF DEATH? NOX 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

MEDICAL

20a AUTOPSY?

YES [

20b. IF YES, WERE FINDINGS USED

COUNTY

21d. INJURY OCCURRED NOT WHILE

71 ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 21f LOCATION

our) opinion death accurred on the date and hour and from the causes stated

STATE

72h 5/GNA

776 PHYSICIAN'S NAME (TYPE OF PRINT) Robert L. Kaufmann, MD PA

77s.1 certify that fli (this hospital) attended the beceased trans-

22e ADDRESS

23c, NAME OF CEMETERY OR CREMATORY

ATTENDING &

PHYSICIAN

804 Toll House Avenue, Frederick, Md. 21701

DIRECTOR PHYSICIAN

CITY OR TOWN

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23b. DATE Mt. Olivet Cemetery 12/16/85

Frederick, Frederick, Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

1201 Mers Market St. Frederick. Md

AUTHOR 1000 1900 The surface of the state of the surface of the surf LANCE SEEMEN SEEMEN TO A SEE z - solucher delucher beater MATERIA and makes state of the state of e. 12, 12 F. 13 to the design of the design per don to the the total control of the total con

FOR - STATE

STATE OF MARYLAND OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1 DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
Gerall)	WAYNE	STITELY	12/9/85	- 05-55 M
3. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
MALE	WHITE	02 26 27	58 yrs.	MONTHS DAYS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
MARYLAND	USA	WIDOWED DIVORCED	FREDERICK	MD.
10 CITY OR TOWN OF DEATH FREDERICK	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION ADDRESS) EMORIAL HOSPITA	12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L CIERTCAL	12b. KIND OF BUSINESS OR INDUSTRY CEMENT
USUAL RESIDENCE (IF NURSING HOME (13g. STATE 13b COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE	E ADMISSION) 13d INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS / ZIP COD 12229 Woodsbo	DE 21757
14 FATHER'S NAME DONALD GR	OSSNICKLE STIT	TELY ALICE	AME	ANDERS
16a WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (1F YES C	RMED FORCES? 166 SOCIAL SECU GIVE WAR OR DATES) 216-22-		ADDRESS Ke E STITELY 1222	ymar, MD 2175 9 Woodsboro F
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUI	tec como	10m2 lum	9-9-5
		DEATH BUT NOT RELATED TO THE TER		IVEN IN PART 1(0
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	The CONDITION FOR WHICH	OF ENATION WAS TEN ONNED	IN CERT	IFYING CAUSES OF DEATH?
OR CONTRIBUTING CALISE OF O		AY YEAR 21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
saw the deceased alive of	pital) attended the deceased from_ on	and that in my (aur) apinion	death occurred on the date and ha	, 1985., thou (we) last our and fram the causes stated
226. SIGNATURE		DEGREE		22c DATE SIGNED
69 6	19	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/9/85
22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS		/ /
P G PAUSC	Н	1 Magt 7+1	St Fradori	als MD 21701

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detoched for use with the State Dept of Heol

IMPORTANT: If he

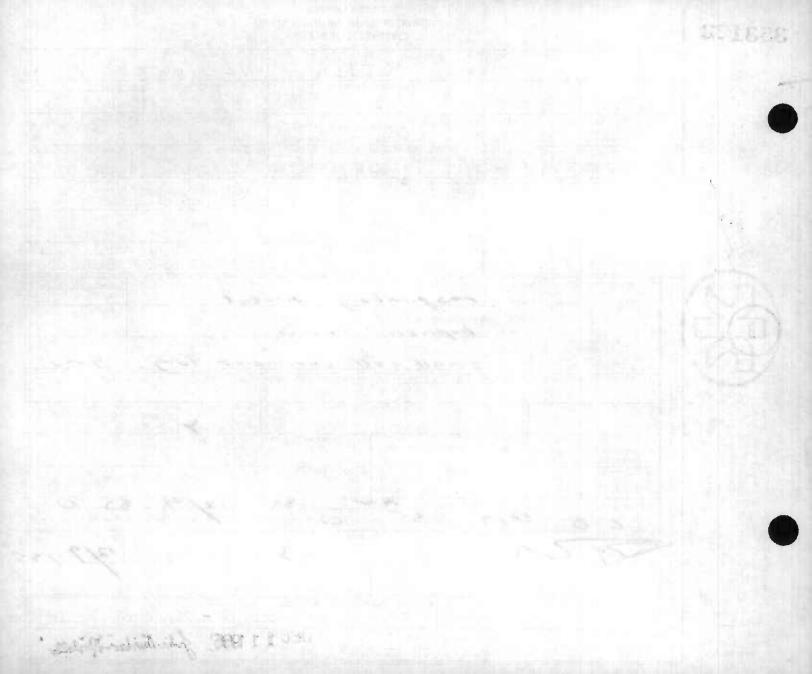
236 DATE 12/10/85

234 NAME OF CEMETERY OR CREMATORY 234 LOCATION MD Smithsburg crematorium Smithsburg Washington

1621 Opossumtown Pike, Frederick, MD

230 BURIAL, CREMATION, REMOVAL

"CREMATION



365094 - STATE REGISTRAR

1 SEX

13a S1

CERTIFICATION

MEDICAL

Нув

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO					
20. DATE OF DEATH	HTMON	DAY	YE AR	2b. HOL	JR .
1:	2/2	0/85		9	80
6 AGE (IN YEARS LAST BIRTH	DAY)	IF UNDE	RIYEAR	IF UNDER	24 HR5
0.0		MONTHS	DAYS	HOURS	MIN.

FEMALE	WHITE	09
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 MARRII
D C	TT C 3	

LAWSON

D NEVER MARRIED WIDOWED DIVORCED

YEAR 14 1893

> FREDERICK 120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE OWNER

13e.STREET ADDRESS / ZIP CODE

MIDDLE

BALTIMORE CITY OR COUNTY OF DEATH

12b. KIND OF BUSINESS OR INDUSTRY MILLINERY

FREDERIC	K	6602	MOUNTAIN	VIEW	DRIVE
L RESIDENCE (IF NURS	ING HOME OF	OTHER INSTITUTE	ON GIVE RESIDENCE BEFORE A	DMISSION)	
ATE	136 COUP	VIY	13c. CITY OR TOWN	1 13d	INSIDE CITY L
ACT	DD:	DDDT	TIPE TOTAL	DICT	-3637

13d INSIDE CITY LIMITS? FREDERICK 15. MOTHER'S MAIDEN NAME

6602 Mountain Drive, 21701

4 FATHER'S NAME EDWIN

10 CITY OR TOWN OF DEATH

FREDERICK

DECEASED NAME (TYPE OR PRINT) EDITH

LAWSON A.M. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO

VENIA 17 INFORMANT

Frederick, MD DAVID L. BEACH 6602 Mountain View Dr.

(YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO N/A

IMMEDIATE CAUSE

PART I. DEATH WAS CAUSED BY

18 CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c)

579-60-9995

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

FIRST

FERRELL

Canditians, if ony, which gave rise to immediate cause (a), stating underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

20b. JF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER: 21d INJURY OCCURRED

21h. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M 21e. PLACE OF INJURY

AT HOME STREET FACTORY, OFFICE FARM, ETC)

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 211 LOCATION

WHILE NOT WHILE 22a I certify that (1) (this hospital) attended the deceased from.

and that in (my) (aur) apinian death occurred an the date and have and from the causes stated

CITY OR TOWN

STATE

22b. SIGNALIT

ATTENDING PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

COUNTY

saw the deceased alive on.

22e ADDRESS

23d LOCATION

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

ARLINGTON NATIONAL

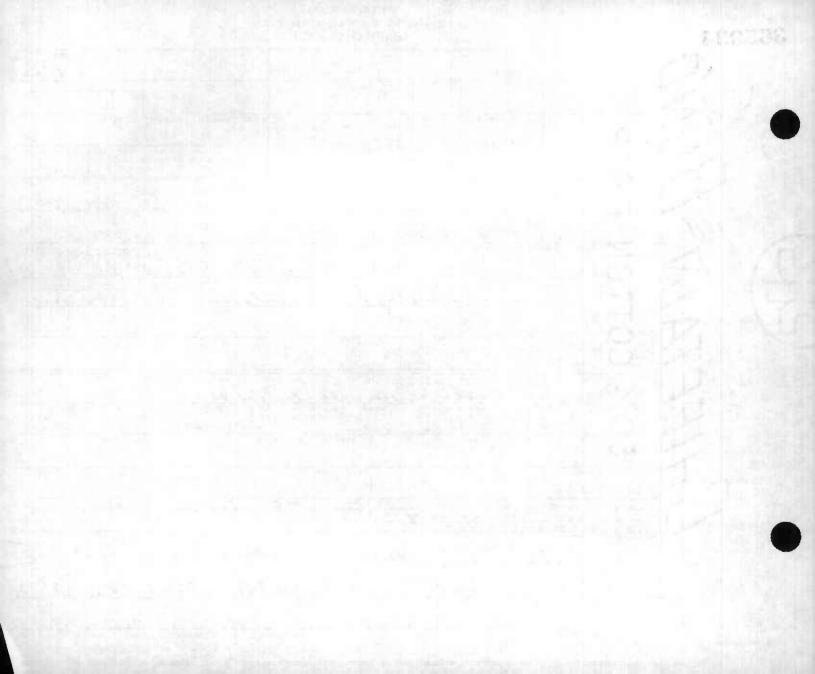
DEGREE

CITY OF TOWN COUNTY

21 / 01 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE 1621 OPOSSUMTOWN PIKE FREDERICK, MD

DHMH - 16 60M 7/B4 (VRA 15, 4)

ild be deta the State (



1986

his Davidson-Randales

106 E. Church St. Fred. Md. 21701

DHMH - 16 60M 7/84 (VRA 15, 4)

THE COURSE OF THE PROPERTY OF THE PERSON OF Continue laboration & Series the complete of a strain of the contract of the contrac in. asgar 4. Tithe, CI Took bold longe Ave., inc. family mint by face wife () table Control Manager of France

36	5093	1	STATE REGISTRAR	DEPARTM	CERTIFICATE OF DEATH	REG. NO.	4 0 0 0
30	0000	T. DE	CEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 26 HOUR
	y be	(TYP	HELENA	LOUISE	THAYER		5/85 340 M
		5 1.50	X	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
	165	1	FEMALE	WHITE	MONTH 29 25 7	58 YRS	
		To B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED A NEVER MARRIED	9 BALTIMORE CITY OF COUNTY FREDERICK	OF DEATH
				USA	WIDOWED DIVORCED	FREDERICK	MD.
	1 11 8	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	12b. KIND OF BUSINESS OR INDUSTRY
201	1 37/1/	all the same	HURMONT	11304 OLD FR	EDERICK ROAD	NURSE	HEALTH
021	0 20	130	AL RESIDENCE (IF NURSING HOME O STATE 136 COU	NTY 13c CITY OR TOWN	N 13d INSIDE CITY LIMITS?	13e STREET ADDRESS	-1788
AN	2 de 1	1		DERICK THURMO			DERICK RD.
8×1	d 2	III.F	ATHER S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	MIDDLE	LAST
X	omp omp			DWARD RAMSBU		JANE	KoLB
ORE	on ond co			E WAR OR DATES)			ICK RD, THURMO
BALTIMOR	be e		NO I	n/a 212-24-	6985 CARL RAYMO	ND THAYER 113	
BAL	ysiciol opers. wol.		18 CAUSE OF DEATH Enter of	nly one couse per line for 101, (b), one ED BY: AAK+AC+A	TIC CARCINOMA	LIVEA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.	certificot ing physi rbonpop r removo			TE CAUSE (0) METASTA	FIC CHICCINOINIA	LIVEIL	6 MONTHS
NO	T D000			DUE TO, OR AS A CONSEQUE			HYRS
PRESTON	deoth of other of other of other of troumof		Conditions, if ony, which gove rise to immediate	(1b) CARCINO	MA DIRPIOI		11/1/2
Α.	by the ose remo		couse (a), stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF		
5	ed by pleos			(c)			
RDS, 2	equires signe fhen p to bus njury,	NO.	PATIENT ADMITT	CONDITIONS CONTRIBUTING TO D	PEATH BUT NOT RELATED TO THE TERM	VETH BROWN AdvicHANCE	EN IN PART 19/85
RECORDS	low respectively.	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
AL 8	if the sicion.	I I				YES NO YE	S NO
> =	Z F S S T 8	12	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE			RED (ENTER NATURE OF INJURY IN ITEM 18, I	PART 1 OR PART 2)
O	IYSICIA ding pl is certif is certif buriol: t Mentol	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER		19		
JO NOISION OF	PHY rendi	MED	21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
>IQ	ING r of After os t lith o		AT WORK AT WORK		10 20 10 67	12/26	10 8 5 that (1) (w/s) last
	tol of to		220 I certify that (I) (this hasp saw the deceased alive ar	itol) oftended the deceosed from	- 17	death occurred on the date and hou	, mor (i) (we) iosi
-	ATT ospid od fo ot of im 2			of) view the body ofter deoth.	DEGREE DEGREE	acom occorred on the dole ond flot	22c, DATE SIGNED
	OR DIR	,	James S	K+		MEDICAL STAFF DIRECTOR PHYSICIAN	
	by the by	H^-	THE PHYSIGIAN'S NAME CONC.	moner p.			12/26/83
	TO HOSPITAL (retoined by the TO FUNERAL Is should be deto with the Store Impropriate Important: if		VAMES E	STONESIDA	19 FREDERIC	IL ST. WALKERS	ILLE, MA 4793
	With 10 to 10	230.	BURIAL, CREMATION, REMOVAL		TAME OF CEMELET OF CLEWA COLOR		COUNTY STATE MI
	BP		(SPECIFY) BURIAL	12/28/85 ST		N CREAGERSTOW	
	DHMH - 16 60M 1/75	24. F	UNERAL DIRECTOR G. DI	OUGLAS STAUFFE	21701 1250 RAT	E REC'D. BY REGISTRAR 256. REGIS	RAR'S SIGNATURE
	(VR A 15 (4))	16	21 Opossumto	wn Pike. Frede		4 1 1300	
		-					

A STATE OF THE PROPERTY OF THE	TENDING PHYSICIAN. The law requires that it additings the executed within 24 bigurs ofter	TOR, After this configure has been signed by the ottending physician and completely filled in by the far use os the hartot-trainst permit. Then please emore antibonables, highest and 2 should be filed with the and Mental Hygiene prior to burnel, cremation, or remayol.
(B	by the othersding physics are remove corbonadoper I, cremation, or removal
O THE RECORDS TO	JCIAN. The law requires if g physician.	serificate has been signed rial-namel per mil. Then ples intol Hygiene prior to burns
	TENDING PHYSICIAN. The I- pital or otherding physician.	TOR, After this of the burner of Health and Me

19a DATE OF OPERATION

STATE OF MARYLAND

FOR STATE REGISTRAR			DEPARTM	LENT OF H	EALTH AND MENTAL HYO	GIENE 8 5	3	aj (3 0 1
1 DECEASED NAME	FIRST		MIDDLE		AST	20. DATE OF DEATH MONT	H DA	Y YEAR	2h HOUR
E	ric			Wald	WC	December	15,	1985	3 A M
3. SEX		4 RACE		5. DATE		6 AGE (IN YEARS LAST BIRTHDAY)		UNDER 1 YEAR	IF UNDER 24 HRS
Male		White	9	Dec.	7 1907	78	YRS.	DAYS DAYS	HOURS MIN.
TO BIRTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTYO	FDEATH	
Germany		U.S.	4.	WIDOWE		Frederick			MD.
Frederick	ATH	11. NAME OF I	HOSPITAL, NURSING THE FACILITY, GIVE STREET A	GHOME C ADDRESS) La1 Ho	OSpital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	KING LIFE)	126. KIND O INDUSTRY	F BUSINESS OR
USUAL RESIDENCE (IF NURS 130. STATE Maryland	13b COU		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Thurmont		13d. INSIDE CITY LIMITS? YES A NO	13e STREET ADDRESS / ZIP 12 Hammaker S	CODE	21788	
Herman		MIDDLE	Waldow		15 MOTHER'S MAIDEN NA Anna	ME MIDDLE		Patz	
160 WAS DECEASED EVER (YES, NO OR UNKNOWN) NONE	I IF YES GIV	MED FORCES? (E WAR OR DATES)	166 SOCIAL SECUI		17 INFORMANT Lena Waldow	ADDRESS 2		maker	St.

PART I. DEATH WAS CAUSED	ECAUSE (a) (andio (Sp.) atus must	APPROXIMATE INTERVA BETWEEN ONSET AND DE
Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF	
gove rise to immediate cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF	

			YES NO	YES [NO []
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRED	(ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)	
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	VN COUNTY	STATE
22a I certify that (I) (this haspital)	attended the deceased from	19.70	. to _ fu	19	that (It (we) la

206. IF YES, WERE FINDINGS USED

200 AUTOPSY?

saw the deceased alive an obove. (1) (we) (did) (did nat) view the body after death that in (my) (aur) apinian death accurred on the date and have and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED

ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

Dec. 17,1985 Smithsburg Crematory 230 BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation

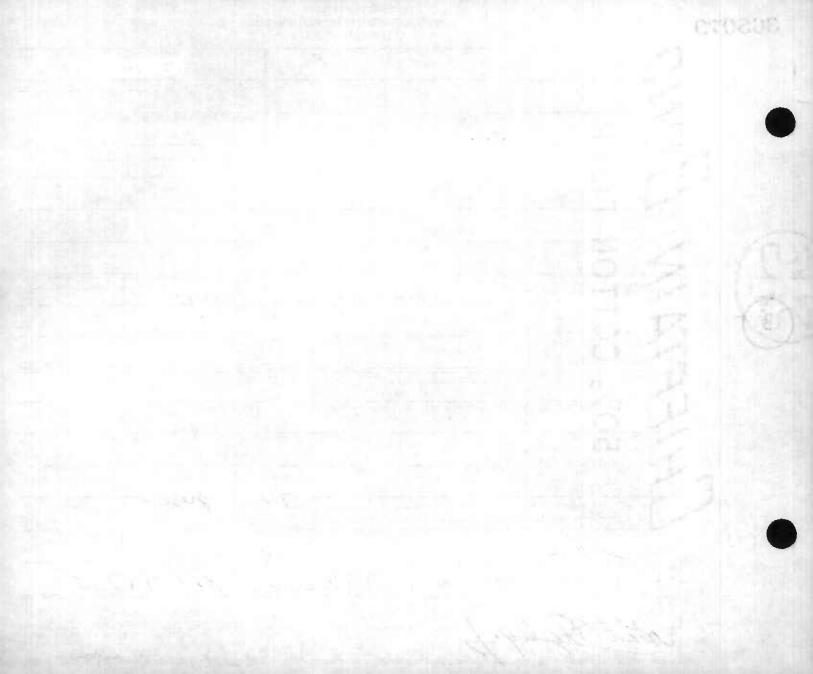
Smithsburg Washington Md. 615 E. Main St 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Thurmont, Md. 21788

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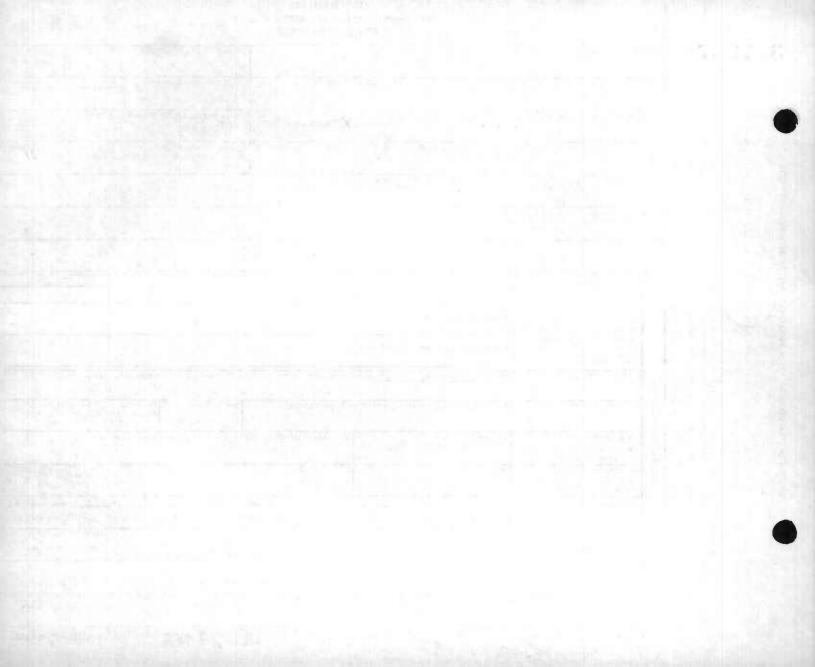
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	1.	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 👸 💍	5 4 3 U U
361017	TYPE	CEASED NAME HORACE	ROOSEVELT	WILLIAMS	20. DATE OF DEATH	17/285 DAY YEAR 1 19PM M
oge 4 may be 198 irrector, page 3 aurs other death?	3. SE	ČLE .	BLRÂCK	12000 06 DAY YEAR	AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
neral of	МА	RIHPLACEDISTATE OR FOREIGN	S.A. OF WHAT COUNTE	WIDOWED DIVORCED	FREDERICK O	R COUNTY OF DEATH
or rs after d by the fur filed with	Ψ. C	AIRY	10838 of Lighter (PICAN)	SING HOME OR OTHER INSTITUTION (ARP BINGER REMOST O	ON 125 KIND OF BUSINESS OR FWORKING LEON DESKRUCTION
VD 212 VD 212 VD 212 VD 212 VD 31	USU 13a	AL RESIDENCE (IF MIRSING HOME STATE PRODUCTION	OR OTHER INSTITUTION GIVE RESIDENCE BE MICK MILIZO (ATERRATO	FORE ADMISSION OF STATE CITY LIMITS?	0838red_IMResP	LANT RD. 21771
MARYLAN red within and 2 sho		ORAČERSTA. WILLIA		15 GEORGIA OTH		LAST
MORE, e execut n and cc Pages 1	16a \	VAS DECEASED EVER IN U.S. A YES, NO ORUNKNOWN) (IF YES, G	ARMED FORCES 2 146 SOCIALS IN WE WAR OR DATES 2 2 0 - 10 - 50	TT4TY NOLOTS FM. WILLIA	AMS 1085	SE LIME PLANT RD.
de the composition of the compos		PART I. DEATH WAS CAUS	only one couse per line for (a), (b), SED BY. ATE CAUSE (a) TERMY DUE TO, OR AS A CONSEC	NAZ METASTARIE PA	ISTATE CANC	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RDS, 301 equires the signed E Then plea tr to burial, injury, or or	TION	couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION		ODEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONI	DITION GIVEN IN PART 110
TAL RECO	CERTIFICATION	IN DATE OF OPERATION	196. CONDITION FOR WA	CH OPERATION WAS PERFORMED	YES NO NO	IN CERTIFYING CAUSES OF DEATH? YES NO
ISION OF VITAL PHYSICIAN: The ending physicia this certificate his certificate do Mental Hygie d or them 18 shp	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED			RRED (ENTER NATURE OF INJUR	IY IN ITEM 18, PART 1 OR PART 2)
DIVISION C ING PHYSIC r attending After this cer as the buria	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFI		CITY OR TOW	N COUNTY STATE
TENDI rtal or OR: A or use or use or use or use			pital) attended the deceased fro		, to	19 , that (I) (we) lost ste and hour and from the causes stated
		22d, PHYSICIAN'S NAME (TYPE	Mylas	ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAF	F _ // /2 /==
TO HOSPITAL etained by 11 TO FUNERAL should be det with the State MAPORTANT.		1	AMARO, NO.	GOELY VAUE	y insumoria	, Mp 2/770
Da F 2 2 X	23a. (RINRIA LMATION, REMOVA	12/20/85 DO	RSTATE OF EAST TERYOR CREMATORY	23 NEWATICAND	ON, FREDERICK, MD.
DHMH-16 60M 1/73	24	MERAL DIREARCE ZLI R	LIBER	TYTOWN MD. 25a DA	DEC 2 4 1989	256. BEGISTRANS SIGNATURE

STATE OF MARYLAND



in the little state bit.		,		STATE OF MARYLAND		
006164	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	4 5 0 4
m.s		CEASED NAME FIRST OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
nay be page 3		DORA	H.	WRIGHT	12 20	1985 10 KM
tar, pog offer de	3. SE	X	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
	. 1	FEMALE	CAVE	7 21 1900	85 YRS.	MONTHS. DATS HOURS MIN.
oth. Pog	7a. B	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
9 E E 8		MARYLAND	U.S.A	WIDOWED DIVORCED	FREI	DERICK MD.
ofter of the	10-	ADOOCK HEIGHTS	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE (I/A/DA ROLLA.	NG HOME OR OTHER INSTITUTION TADDRESS) NUCSING HOHE	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LII) HC US GWIFE	126 KIND OF BUSINESS OR INDUSTRY
2120 2120 d in b be fil	USU	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION)		100
Fille 24		MAN/And Fred	enck freelers	YES NO	13e. STREET ADDRESS 4th ST	1701
MARYLAI ed within mpletely ond 2 sh	14. F/	ATHER'S NAME FIRST	MIDDLE	15. MOTHER'S MAIDEN NA	WIDDLE	LAST
ecuted v comple es I onc	140.	VAS DECEASED EVER IN U.S. AR		JRITY NO. 17. INFORMANT	ADDRESS	HALL
MO x weding x	(war or dates) -218 - 30 -	7845	ADDRESS	
h h h h h h h h h h h h h h h h h h h		PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b), a D BY: E CAUSE (a)	Legal brank	e W. Carlos	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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that the dear that the dear d by the order ease remove a		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	ENCE OF		
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AL REC	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICE	OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? IS \(\begin{array}{cccccccccccccccccccccccccccccccccccc
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To A all E	R		al) attended the deceased from			19, that (1) (we) lost
2 of 5 of 2		saw the deceased alive an above, (I) (we) (did) (did not) view the body after death.	, and that in (my) (our) apinion	death accurred on the date and hav	r and from the causes stated
TAL OR A vy the hosy RAL DIREC detoched detoched Vict Bept.		226. SIGNATURE	Us & Bruce	DEGREE ATTENDING PHYSICIAN I	MEDICAL STAFF DIRECTOR PHYSICIAN	12 /21/85
HOSPI ned b old be of the S		22d. PHYSICIAN'S NAME (TYPE OR	PRINT)	22e. ADDRESS		
show with	23a. B	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
	B	SPECHY)	12/23/85	40 UDE ACY	CITY OR TOWN REPAUSIUM	MOUTE MD
DHMH-16 60M 1/73	24 FU	JNERAL DIRECTOR		BEALL SVILLE ACT 250. DAT	E REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATURE
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FOR - STATE

DEPART

STATE OF MAKTEAND					
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CERTIFICATE OF DEATH		REG NO			

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DIVISION OF VITAL R	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that is depth actificate be executed within 24 hours ofter death. Page 4 may be enough by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in 15 the filler of the class should be detached for use as the burial-transit permit. Then please the propers. Pages 1 and 2 should be filled in the filler of the class	

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REGISTRAR 1. DECEASED NAME 20 DATE OF DEATH 2b HOUR (TYPE OR PRINT) Clarence ZEITLER Carl 1985 December 11 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX 5. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS MONTH DAY Male White Abril 11. 1906 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE INTATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Ohio U.S.A. Frederick County, WIDOWED DIVORCED [O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Frederick ainting Contractor Painting Cont. Meridian Nursing Center ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13. STREET ADDRESS / ZIP CODE 9343 Fingerboard 13b COUNTY 13d. INSIDE CITY LIMITS? Frederick Ljamsville Maryland Fingerboard Rd., 21754 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Louisa Carl Zeitler Limberger 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b. SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 9343 Fingerboard Rd., 273-22-3462 Mrs. Judy Pontius. 18 CAUSE OF DEATH (Enter only one cause per line lar (a), (b), and (c) PART I. DEATH WAS CAUSED BY: PNEUMONIA IMMEDIATE CAUSE (a) DISEASE Conditions, if any, which gave rise to immediate cause lat, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE DERMINAL DISEASE OR CONDITION GIVEN IN PART THE 90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 3 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY WHILE NOT WHILE (my) (our) opinian death occurred an the date and haur and from the couses stated were the buildy alter death 22c. DATE SIGNED ATTENDING ! PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Dr. Brian P. Massaro, M.D. Amber Meadows Professional Building. 231 NAME OF CEMETERY OR CREMATORY mederock, Md. 21701 230 BURIAL, CREMATION, REMOXAL 236. DATE Burial Toledo Mem. Park 'oledo, Lucas, Ohio

Smith, Keeney and Basford Tuneral Home

Frederick

East Church St.

DHMH - 16 60M 7/84 (VRA 15, 4)

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